

BEDFORD REGIONAL WATER AUTHORITY

TEST AND MAINTENANCE REPORT

CUSTOMER: Tidewater Inc. USARC BEDFORD VA099

STREET ADDRESS: 1117 Harmony Lane Bedford, VA 24523

MAILING ADDRESS: _____

ASSEMBLY LOCATION: 111 Mechanical Room

TYPE OF ASSEMBLY: **RP** ☒ **DCVA** ☐ **PVB** ☐ **SVB** ☐ SIZE: 2"

MANUFACTURER: Wilkins MODEL: 975XL SERIAL NO: 3696104

GAUGE MANUF: Mid-West SERIAL NO: 10121053 DATE CALIBRATED: 06/17/2021

Check Valve #1	Relief Valve	Check Valve #2	PVB or SVB
<input type="checkbox"/> leaked or <input checked="" type="checkbox"/> closed tight differential pressure across check valve <u>8.2</u> psi	Opened at: <u>3.6</u> psi or did not open <input type="checkbox"/> Outlet shut-off valve: <input type="checkbox"/> leaked <input type="checkbox"/> closed tight	<input type="checkbox"/> leaked or <input checked="" type="checkbox"/> closed tight OPTIONAL TEST Differential pressure across check valve <u>2.4</u> psi	Air Inlet: did not open <input type="checkbox"/> or opened at _____ psi Check Valve: leaked <input type="checkbox"/> or held at _____ psi
Replaced: Rubber parts kit <input type="checkbox"/> CV assembly kit <input type="checkbox"/> Seat Kit <input type="checkbox"/> Other <input type="checkbox"/> _____ or <input type="checkbox"/> CV cleaned only	Replaced: RV Rubber kit <input type="checkbox"/> RV assembly kit <input type="checkbox"/> Seat Kit <input type="checkbox"/> Other <input type="checkbox"/> _____ or <input type="checkbox"/> RV cleaned only For DCVA Only: Inlet shut-off valve: <input type="checkbox"/> leaked <input type="checkbox"/> closed tight Outlet shut-off valve: <input type="checkbox"/> leaked <input type="checkbox"/> closed tight	Replaced: Rubber parts kit <input type="checkbox"/> CV assembly kit <input type="checkbox"/> Seat Kit <input type="checkbox"/> Other <input type="checkbox"/> _____ or <input type="checkbox"/> CV cleaned only	Replaced: Rubber parts kit <input type="checkbox"/> CV assembly <input type="checkbox"/> Air inlet valve <input type="checkbox"/> Other <input type="checkbox"/> _____ or <input type="checkbox"/> Cleaned only
Differential pressure across check valve _____ psi	Relief valve opened at _____ psi	<input type="checkbox"/> leaked or <input type="checkbox"/> closed tight	Air inlet _____ psi Check valve _____ psi

NOTE: All repairs shall be completed within five (5) working days.

REMARKS: _____

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Mark Younger CERT. No: 2717057690 DATE: 02/23/2022

ASSEMBLY RE-CERT Due Date: 02/23/2023 TIME: 9:30 A.M.

This Assembly: ☒ **PASSED** ☐ **FAILED** Signature: Mark Younger