

# 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: Mechanical Room

TYPE OF ASSEMBLY: **RP** ☒ **DCVA** ☐ **PVB** ☐ **SVB** ☐ SIZE: 3/4"

MANUFACTURER: Apollo MODEL: RP4-A SERIAL NO: 485765

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>7.8</u> psi	Opened at: <u>3.4</u> psi or did not open <input type="checkbox"/> <b>Outlet shut-off valve:</b> <input type="checkbox"/> leaked <input type="checkbox"/> closed tight	<input type="checkbox"/> leaked or <input checked="" type="checkbox"/> closed tight <b>OPTIONAL TEST</b> Differential pressure across check valve <u>2.0</u> psi	<b>Air Inlet:</b> did not open <input type="checkbox"/> or opened at _____ psi <b>Check Valve:</b> 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 <b>For DCVA Only:</b> <b>Inlet shut-off valve:</b> <input type="checkbox"/> leaked <input type="checkbox"/> closed tight <b>Outlet shut-off valve:</b> <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: 02/14/2022

ASSEMBLY RE-CERT Due Date: 02/14/2023 TIME: 9:30 A.M.

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