PUBLIC UTILITIES
CROSS CONNECTION CONTROL

PUBLIC UTILITIES OPERATIONS CENTER

272 Benton Road • SUFFOLK, VA 23434 • PHONE (757) 604-2711 or (757) 514-7029
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BACKFLOW PREVENTION DEVICE TEST REPORT

Name of Premises: USARC

Service Address: 3502 Bennett Creek Rd

Use & Location of Device: Boiler Makeup mech Room

Device: WATTS (Manufacturer) | 909 QT (Model) | 2" (Size) | 647635 (Serial No.)

Line Pressure at time of Test 60 psi		(Existing) / Replacement / New Device (circle one)		
Reduced Pressure Device	**Requirement**	**Initial Test**	**Repairs**	**Retest**
Check Valve #1 Pressure drop across Ck. Valve #1	Closed tight? min. of 5.0 psid	yes/no (circle one) (A) 76 psid		yes/no _____ psid
Check Valve #2	Closed tight?	(yes)/no (circle one)		yes/no
Differential Pressure Relief Port	Must open at min. of 2.0 psid	yes/no (circle one) (B) 30 psid		Opened at _____psid
Pressure Buffer	A minus B equals or is greater than 3.0 psid	4.6 psid		_____psid
Double Check Valve Device	**Requirement**	**Initial Test**	**Repairs**	**Retest**
Check Valve #1	Closed tight at a min. of 1.0 psid?	yes/no (circle one) _____psid		yes/no _____ psid
Check Valve #2	Closed tight at a min. of 1.0 psid?	yes/no (circle one) _____psid		yes/no _____ psid
Pressure Vacuum Breaker	**Requirement**	**Initial Test**	**Repairs**	**Retest**
Air Inlet	Opened at min. of 1.0 psid?	yes/no (circle one) _____psid		yes/no _____ psid
Check Valve	Closed tight min. of 1.0 psid?	yes/no (circle one) _____psid		yes/no _____ psid

Remarks: Contact TROY CRAIG 804 585 5211 onsite, Benny Heater cell 434 841 6054

Certification: I have made all the above tests and hereby certify that this backflow prevention device performed satisfactorily and meets all federal, state and local codes and regulations as required.

Tester Name: BENNY HEATER (Print) _____ (Signature) Date: 2-11-19

Test Kit Serial Number: 01182607 Calibration Date: 4-6-18

License #: 2717017374 License Expiration Date: 8-31-2020 City of Certification: DPOR

ReTester Name: _____ (Print) _____ (Signature) Date: _____

Test Kit Serial Number: _____ Calibration Date: _____

License #: _____ License Expiration Date: _____ City of Certification: _____

Testing Company: MOORE'S FIRST Phone #: 800 789 7199

Company Address: 101 Edgewood Ave PO Box 119 Altavista 24517

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