





Test Tag # \_\_\_\_\_

Back Flow Prevention Device  
Annual Inspection

INSPECTION DATE 3/19/19  
TYPE OF DEVICE RPC  
MFG BY: Watts  
MODEL # 909  
SERIAL # 644817

PASSED ☐  
FAILED ☒

I HEREBY CERTIFY THAT THIS DEVICE HAS BEEN TESTED  
PER STATE & LOCAL REGULATIONS.

NAME: Benny Heater  
CARD#: 2717017374

**EXPIRED**







# Backflow Prevention Assembly Test Report

101 Edgewood Avenue • P.O. Box 119 • Altavista, VA 24517  
Phone: 800-789-7199 - Fax: 888-722-2712 - MooresElectric.com

Customer: ISG - USARC VA 001 ABINGDON VA 24210

Street Address: g grant @ international support group . com Service Address: 571 WALDON RD NE

Point of Contact [Individual]: George Grant Point of Contact Phone # 304 663870

Is the Assembly: ☐ New ☒ Existing ☐ Replacement/Record Old Assembly Serial Number: \_\_\_\_\_

Location of Assembly: Boiler room main build Feed Line: Boiler (ex: Irrigation, Boiler, X-ray Eqt.)

Type of Assembly: ☒ RPZ ☐ DCVA ☐ PVB Manufacturer: Watts Size: 3/4

Model: 909 Serial NO: 644817 Installed Correctly: ☒ YES ☐ NO

Test Gauge Manufacturer: MIDWEST 845 Gauge Serial NO: 01182601 Calibration Date: 4/6/18

Inlet Pressure: \_\_\_\_\_ Water Meter Serial Number: \_\_\_\_\_ Other Info, as applicable: \_\_\_\_\_

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight gauge pressure across check valve _____ psi	<u>Leaking</u> opened at _____ psi <input type="checkbox"/> did not open	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight gauge pressure across check valve _____ psi	Air Inlet: opened at _____ <input type="checkbox"/> Did not open Check Valve: Held at _____ psi <input type="checkbox"/> Leaked
<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide	<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide	<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide	<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc, CV <input type="checkbox"/> Disc, Seat <input type="checkbox"/> Spring, CV or Air Inlet
<input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other:	<input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> RV Assembly <input type="checkbox"/> Other:	<input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other:	<input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other:
Gauge Pressure across check valve _____ psi	Relief valve opened at _____ psi	Gauge Pressure across check valve _____ psi	Air inlet _____ psi check valve _____ psi

**\*\* Note: All repairs shall be completed within five (5) working days unless otherwise approved by the Dept. of Water Resources. Assemblies shall not be replaced, relocated, or removed without advance authorization from the Department of Water Resources.**

Comments: Shut off Valve: ☐ Closed or ☐ Leaking

bhester@mooreselectric.com

CELL (434) 841-6054

I hereby certify that the data in this report is accurate and reflects the proper operation of this unit.

	Date	Tester	Signature	Tester No	Passed	Failed
Initial Test	3-19-19	Benny Hester	Benny Hester	2717017379	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Repairs					Note results below	
Final Test					<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: VA 001 Date of Visit: 3-19-19  
Contractor Personnel on Site:

1. Benny Healer 2. \_\_\_\_\_

**Work Performed:**

**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO# Annual Backflow Test

**Service Calls** - Service Call Number and Description

1. CSS# 3/4 Backflow Failed Backflow
2. CSS# \_\_\_\_\_
3. CSS# \_\_\_\_\_

---

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Benny Healer Date: 3-19-19

Signed: Bj 1h

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Vickie Bennett GS09 Date: 20190319

Signed: Bennett

E-Mail: vickie.l.bennett.civ@mail.mil