

Anytime Plumbing and Drain Service
410-300-5375/anytimeplumbing456r@gmail.com
For All Your Backflow Needs

CROSS CONNECTION CONTROL REPORT

INVOICE # _____

Job Information		Date of Test	
Owner/Tenant Name Name	US Government Army Reserve	6701 Telegraph Rd, Alexandria, VA 22310	2/15/18
Address Number, Street, City, State, Zip	Gauge Information		
P.O. #	Gauge of Calibration Date 10/09/17	Test Kit Used TK-13G	Gauge Serial # 464880
Back Flow Test Information			
Manufacturer Wilkins	Manufacturer Watts	Manufacturer	Manufacturer
Model 975XL	Model 009-M2QT	Model	Model
Size 3/4"	Size 3/4"	Size	Size
Serial 318075	Serial 70440	Serial	Serial
Type <input checked="" type="checkbox"/> RP2 <input type="checkbox"/> DC	Type <input checked="" type="checkbox"/> RP2 <input type="checkbox"/> DC	Relief 3.0	Relief 3.2
(1) D.P. 8.2	(2) D.P. 6.4	(1) D.P. 8.8	(2) D.P. 5.8
Location Mech Room	Location Mech Room	Location	Location
ASSE # 1013	ASSE # 1013	ASSE #	ASSE #
Service Domestic	Service Domestic	Service	Service
Line Pressure 85	Line Pressure 82	Line Pressure	Line Pressure
Pass <input checked="" type="checkbox"/>	Pass <input checked="" type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>
Permit # 1342	Permit # 1343	Permit # <input type="checkbox"/>	Permit # <input type="checkbox"/>
Certification Information			
I hereby certify that I have the authority to make the foregoing report, that the report is correct, and that the tested Cross connection equipment will conform to the regulations in the current adopted local codes.			
Signature of Inspector/Tester 	Address 7906 Spring Manor Drive, Greenbelt, MD 20770	Name Kevin Reece	Phone 410-300-5375
Back Flow License # 2717058127	Expiration Date 2-28-19	Email Anytimeplumbing456r@gmail.com	



Commonwealth of Virginia
County of Fairfax
Land Development Services

BACKFLOW NOTICE OF INSPECTION

In accordance with the provisions of the Virginia State Waterworks Regulation and the Virginia Statewide Building Code, all testable backflow prevention devices must demonstrate operation through periodic testing.

Please have the inspection performed by a certified Cross Connection Prevention Device Tester* within 30 days (plus or minus) of _____

Additional information relative to this matter may be obtained by writing to Commercial Inspections Division, Cross Connections Section, 12055 Government Center Parkway, Suite 307, Fairfax, VA 22035-5504, TTY 711, or by calling (703) 631-5101, TTY 711.

*An individual who has successfully completed a course in "Cross Connection Device Inspection and Maintenance" recognized by Fairfax County.

AP#: _____ Property Name: US Government Army Reserve
Address: 6901 Telegraph Rd Map Grid: _____

Size, Manufacturer's Name, Type of Device, Serial #	Initial Test Pass/Fail	Repaired Yes/No	Tested After Repair Pass/Fail
<u>3/4 "</u> Wilkins 975XL, RP, 318075	<u>PASS</u>		
<u>3/4 "</u> Watts 009-M2QT, RP, 70440	<u>PASS</u>		

NOTE: All repairs/replacements shall be completed within ten (10) days.

Above data certified to be correct.

Company Name: Anytime Plumbing Signature of Tester: DeLeece

Test Date of Backflow: 2/15/18 Cross Connection School Certified By: DPOR
VABF#2717058127

NOTICE: Prior to testing any portion of a fire protection/sprinkler system, you must first notify the Fairfax County Public Safety Center at 703-691-2131, TTY 711, that the system is being taken out of service. After completion of testing you must again call the above number to report the system back in service. Failure to follow the above instructions will result in a false alarm and the responsible party may be subject to penalties.

RETURN TO:

Email: ldsbackflowtest@fairfaxcounty.gov