

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		2/15/18	
Address		Number & Street		6901 Telegraph Rd, Alexandria, VA 22310	
Gauge Information					
P.O. #	Gauge of Calibration Date	Test Kit Used	Gauge Serial #		
	10/09/17	TK-13G	464880		
Back Flow Test Information					
Manufacturer	Model	Manufacturer	Model	Manufacturer	Model
Wilkins	975XL	Watts	009-M2QT		
Size	Serial	Size	Serial	Size	Serial
3/4"	318075	3/4"	70440		
Type	Relief	Type	Relief	Type	Relief
<input checked="" type="checkbox"/> RP2 <input type="checkbox"/> DC	3.0	<input checked="" type="checkbox"/> RP2 <input type="checkbox"/> DC	3.2	<input type="checkbox"/> RP2 <input type="checkbox"/> DC	<input type="checkbox"/> DC
(1) D.P.	(2) D.P.	(1) D.P.	(2) D.P.	(1) D.P.	(2) D.P.
8.2	6.4	8.8	5.8		
Location	Location	Location	Location	Location	Location
Mech Room	Mech Room				
ASSE #	ASSE #	ASSE #	ASSE #	ASSE #	ASSE #
1013	1013				
Service	Line Pressure	Service	Line Pressure	Service	Line Pressure
Domestic	85	Domestic	82		
Pass	Permit #	Pass	Permit #	Pass	Permit #
<input checked="" type="checkbox"/>	1342	<input checked="" type="checkbox"/>	1343	<input type="checkbox"/>	<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 county codes.

Signature of Inspector/Tester: *Kevin Reece* Address: 7906 Spring Manor Drive, Greenbelt, MD 20770 Name: Kevin Reece

Back Flow License #: 2717058127 Expiration Date: 2-28-19 Phone: 410-300-5375 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" Wilkins 975XL, RP, 318075</u>	<u>PASS</u>		
<u>3/4" Watts 009-M2QT, RP, 70440</u>	<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: [Signature]

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: idsbackflowtest@fairfaxcounty.gov