



PUBLIC UTILITIES  
CROSS CONNECTION CONTROL

## PUBLIC UTILITIES OPERATIONS CENTER

272 Benton Road • SUFFOLK, VA 23434 • PHONE (757) 604-2711 or (757) 514-7029  
FAX (757) 538-3921

### BACKFLOW PREVENTION DEVICE TEST REPORT

Name of Premises: USARC  
Service Address: 3502 Bennett Creek Rd  
Use & Location of Device: Boiler makeup mech room  
Device: WAITS 909 QT 3/4 647635  
Manufacturer Model Size Serial No.

Line Pressure at time of Test <u>60</u> psi		<input checked="" type="radio"/> Existing <input type="radio"/> Replacement / New Device (circle one)			
Reduced Pressure Device		Requirement	Initial Test	Repairs	Retest
Check Valve #1	Closed tight?	yes/no (circle one)			yes/no
Pressure drop across Ck. Valve #1	min. of 5.0 psid	(A) <u>26</u> psid			<u>      </u> psid
Check Valve #2	Closed tight?	<input checked="" type="radio"/> yes <input type="radio"/> no (circle one)			yes/no
Differential Pressure Relief Port	Must open at min. of 2.0 psid	yes/no (circle one)			Opened at <u>      </u> psid
Pressure Buffer	A minus B equals or is greater than 3.0 psid	<u>38</u> psid			<u>      </u> 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)			yes/no
		<u>      </u> psid			<u>      </u> psid
Check Valve #2	Closed tight at a min. of 1.0 psid?	yes/no (circle one)			yes/no
		<u>      </u> psid			<u>      </u> psid
Pressure Vacuum Breaker		Requirement	Initial Test	Repairs	Retest
Air Inlet	Opened at min. of 1.0 psid?	yes/no (circle one)			yes/no
		<u>      </u> psid			<u>      </u> psid
Check Valve	Closed tight min. of 1.0 psid?	yes/no (circle one)			yes/no
		<u>      </u> psid			<u>      </u> 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 Benny Heater Date: 4-18-18  
(Print) (Signature)

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

License #: 2717017374 License Expiration Date: 8-31-18 City of Certification: DPOR

ReTester Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print) (Signature)

Test Kit Serial Number: \_\_\_\_\_ Calibration Date: \_\_\_\_\_

License #: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_ City of Certification: \_\_\_\_\_

Testing Company: MOORE'S E&T Phone #: 800 789 7199

Company Address: 101 Edgewood AVE PO BOX 119 ALTAVISTA 24517