



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: USA RC

Service Address: 3502 Bennett Creek Rd

Use & Location of Device: Boiler makeup mech Room

Device: WATTS Manufacturer 909 QT Model 214 Size 6417635 Serial No.

Line Pressure at time of Test <u>60</u> 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) <u>76</u> 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) <u>38</u> psid		Opened at _____ psid
Pressure Buffer	A minus B equals or is greater than 3.0 psid	<u>38</u> psid		_____ psid
Double Check Valve Device		Requirement	Initial Test	Repairs
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
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 Benj L. 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: OPOR

ReTester Name:	(Print)	(Signature)	Date:
Test Kit Serial Number:		Calibration Date:	
License #:		License Expiration Date:	

Testing Company: MOORE'S PLUMBING Phone #: 800 789 7199
Company Address: 101 Edgewood AVE PO BOX 119 ALTMONTA 24571