



# Backflow Prevention Assembly Test Report

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

Customer: ISG - USARC VA 012 DUBLIN VA 24084

Street Address: g grant @ international support group, com Service Address: 5746 Reserve Way

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 Feed Line: Boiler (ex: Irrigation, Boiler, X-ray Eqt.)

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

Model: 975XL Serial NO: 957660 Installed Correctly: ☒ YES ☐ NO

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

Inlet Pressure: 85 Water Meter Serial Number: 957660 Other Info, as applicable: \_\_\_\_\_

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed Tight gauge pressure across check valve <u>9.8</u> psi	opened at <u>3.2</u> psi <input type="checkbox"/> did not open	<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed Tight gauge pressure across check valve <u>3.0</u>	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

bheater@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	3-25-19	Benny Heater	Benny Heater	2717017374	<input checked="" type="checkbox"/>	<input 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: VAD012 Date of Visit: 3-25-19  
Contractor Personnel on Site:

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

**Work Performed:**

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

1. WO# B20125

**Service Calls** – Service Call Number and Description

1. CSS# \_\_\_\_\_
2. CSS# \_\_\_\_\_
3. CSS# \_\_\_\_\_

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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Benny Healer Date: 3-25-19

Signed: Bj Healer

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: Joseph Gebrow/GTS-9 Date: 20190325

Signed: Joseph E Gebrow

E-Mail: joseph.e.gebrow.civ@mail.mil