



Backflow Prevention Assembly Test Report

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

Customer: ISG-USARC VA 033 GALAX VA 24333

Street Address: g grant @ international support group . com Service Address: 125A ARMORY Rd

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

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

Model: 975 Serial NO: 229066 Installed Correctly: ☒ YES ☐ NO

Test Gauge Manufacturer: MIDWEST 845 Gauge Serial NO: 01182607 Calibration Date: 4/6/18

Inlet Pressure: 70 Water Meter Serial Number: _____ 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>3.8</u> psi <input type="checkbox"/> did not open | <input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed Tight gauge pressure across check valve <u>2.2</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"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> RV Assembly <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other: _____ | <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: _____ |
| 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 ser # Hard to Read

bhecter@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 | 3-7-19 | Benny Hecker | Benny Hecker | 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: VA 033 Date of Visit: 3-19-19
Contractor Personnel on Site:

1. Benny Heater 2. _____

Work Performed:

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

1. WO# _____

Service Calls – Service Call Number and Description

1. CSS# Boiler Backflow pss wilkes 975 229066
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Benny Heater Date: 3-19-19

Signed: Bj 2166

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: Bryan Beard WS09 Date: 19 Mar 2019

Signed: Bj 2166

E-Mail: bryan.d.beard.civ@mail.mil