



# 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 supportgroup.com Service Address: 125A ARMORY Rd

Point of Contact [Individual]: George Grant Point of Contact Phone #: 304 663 870

Is the Assembly:  New  Existing  Replacement/Record Old Assembly Serial Number: \_\_\_\_\_

Location of Assembly: Boiler Rm Feed Line: Boiler 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 Set # Hard to Read

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	3-19-19	Benny Heater	<u>Benny Heater</u>	2717017379	<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 psw wilkes 925 229060
2. CSS# \_\_\_\_\_
3. CSS# \_\_\_\_\_

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## CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: Benny Heater

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 Date: 19 Mar 2019

Signed: Bryan Beard

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