
VA039-001
Asset#7231 BFP
OUT
Test Tag #
Back Flow Prevention Device
Annual Inspection
INSPECTION DATE 3.19.19
TYPE OF DEVICE RPZ
MFG BY
MODEL # 909
PASSED
FAILED
I HEREBY CERTIFY THAT THIS DEVICE HAS BEEN TESTED PER STATE & LOCAL REGULATIONS.
NAME: Benny Heater
CARD#: 2717017374
EXPIRED
Mid-West Instrument
MODEL 845

SHEATHS. USE UL LISTED HUBS, COMPLYING WITH THE STANDARD FOR ELECTRICAL OUTLET BOXES & FITTINGS, ULS14. NONMETALLIC MATERIAL DOES NOT PROVIDE GROUNDING BETWEEN CONNECTIONS. USE GROUNDING BUSHINGS AND JUMPER WIRES.

TYPE 1 ENCLOSURE

LISTED
2925
Junction & Pull Box

MOORE'S SERVICE DIVISION

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 VA039 MARION-VA 24354

Street Address: ggrant@internationalsupportgroup.com Service Address: 4444 LEE HWY

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

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

Model: 909 Serial NO: 477375 Installed Correctly: ☒ YES ☐ NO

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

Inlet Pressure: 75 Water Meter Serial Number: _____ Other Info, as applicable: _____

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
☐ Leaked ☒ Closed Tight gauge pressure across check valve 72 psi	opened at 28 psi ☐ did not open	☐ Leaked ☒ Closed Tight gauge pressure across check valve 20	Air Inlet: opened at ____.____ ☐ Did not open Check Valve: Held at ____.____ psi ☐ Leaked
☐ Cleaned only Replaced: ☐ Disc ☐ Spring ☐ Guide	☐ Cleaned only Replaced: ☐ Disc ☐ Spring ☐ Guide	☐ Cleaned only Replaced: ☐ Disc ☐ Spring ☐ Guide	☐ Cleaned only Replaced: ☐ Disc, CV ☐ Disc, Seat ☐ Spring, CV or Air Inlet
☐ Seat ☐ Rubber Kit ☐ CV Assembly ☐ Other:	☐ Seat ☐ Diaphragm ☐ RV Assembly ☐ Other:	☐ Seat ☐ Rubber Kit ☐ CV Assembly ☐ Other:	☐ Seat ☐ Rubber Kit ☐ CV Assembly ☐ 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 _____

bhester@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 Hester	Benny Hester	2717017379	☒	☐
Repairs					Note results below	
Final Test					☐	☐

CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: VA039 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# Boilerfeed water mech Room Asset # 7231 BFP Wells 909477375
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: By Heb

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: Kenneth L Bradford SFC Date: _____

Signed: Kenneth Bradford

E-Mail: Kenneth.L.Bradford.mil@mail.mil