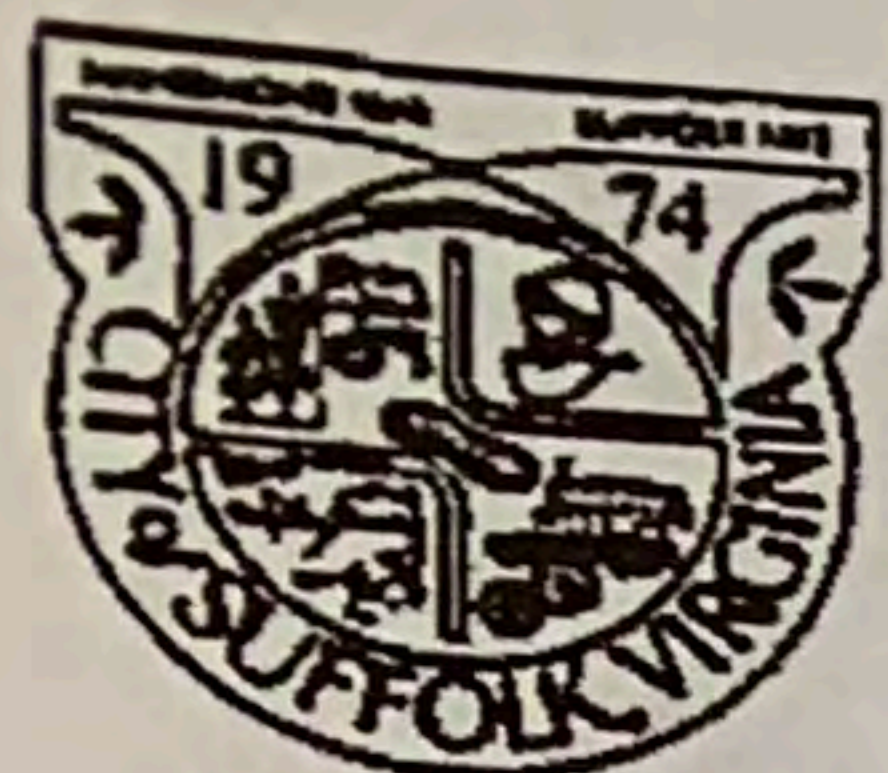




PUBLIC UTILITIES
CROSS CONNECTION CONTROL

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: USARC

Service Address: 886 Carolina Rd., Suffolk VA 23345

Use & Location of Device: Domestic / Mech 110

Device: Watts LF009 3" 06464
Manufacturer Model Size Serial No.

Line Pressure at time of Test <u>40</u> psi		<u>(Existing)</u> Replacement / New Device (circle one)		
Reduced Pressure Device	Requirement	Initial Test	Repairs	Retest
Check Valve #1	Closed tight?	<u>(yes)</u> no (circle one)		yes/no
Pressure drop across Ck. Valve #1	min. of 5.0 psid	(A) <u>6.8</u> psid		<u> </u> psid
Check Valve #2	Closed tight?	<u>(yes)</u> no (circle one)		yes/no
Differential Pressure Relief Port	Must open at min. of 2.0 psid	<u>(yes)</u> no (circle one)		Opened at <u> </u> psid
Pressure Buffer	A minus B equals or is greater than 3.0 psid	<u> </u> psid		<u> </u> psid
Double Check Valve Device	Requirement	Initial Test	Repairs	Retest
Check Valve #1	Closed tight at a min. of 1.0 psid?	yes/ <u>(no)</u> (circle one)		yes/no
		<u> </u> psid		<u> </u> psid
Check Valve #2	Closed tight at a min. of 1.0 psid?	yes/ <u>(no)</u> (circle one)		yes/no
		<u> </u> psid		<u> </u> psid
Pressure Vacuum Breaker	Requirement	Initial Test	Repairs	Retest
Air Inlet	Opened at min. of 1.0 psid?	yes/ <u>(no)</u> (circle one)		yes/no
		<u> </u> psid		<u> </u> psid
Check Valve	Closed tight min. of 1.0 psid?	yes/ <u>(no)</u> (circle one)		yes/no
		<u> </u> psid		<u> </u> psid

Remarks: _____

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: Cory Sandlin Cory Sandlin Date: 2-16-21
(Print) (Signature)

Test Kit Serial Number: 954628 Calibration Date: 10-23-20

License #: 2717068603 License Expiration Date: 9-30-21 City of Certification: DPOR

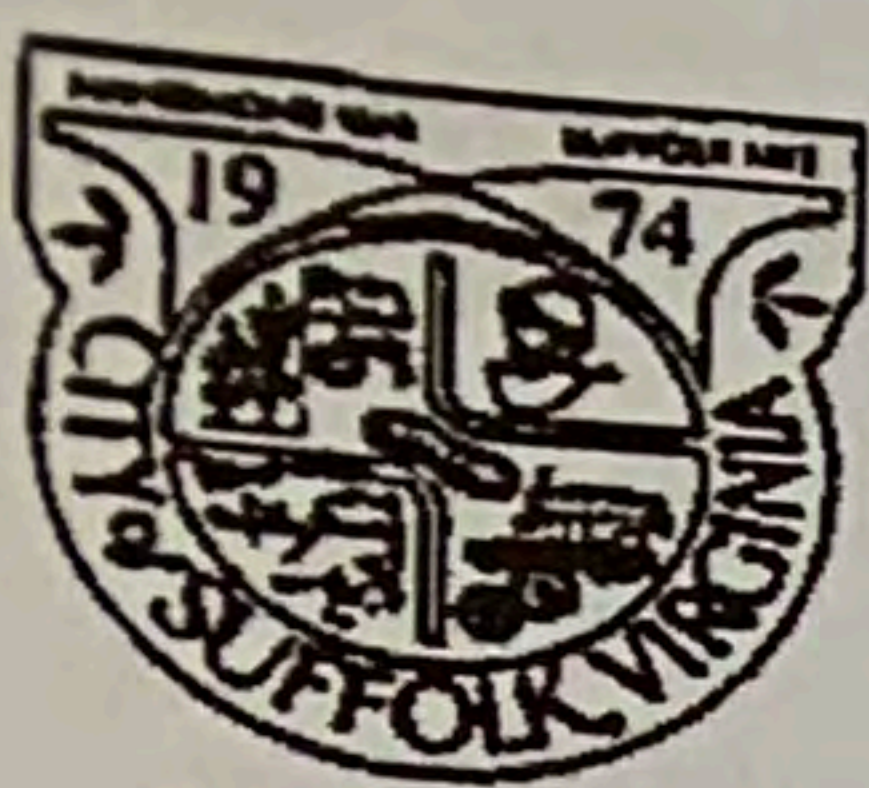
ReTester Name: _____ Date: _____
(Print) (Signature)

Test Kit Serial Number: _____ Calibration Date: _____

License #: _____ License Expiration Date: _____ City of Certification: _____

Testing Company: Moore's Electric Phone #: (434) 259-1851

Company Address: 101 Edgewood Ave. Altavista VA 24617



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BACKFLOW PREVENTION DEVICE TEST REPORT

Name of Premises: USARC

Service Address: 886 Carolina Rd. Suffolk VA 23345

Use & Location of Device: Make-up Water / Mech 110

Device: Watts LF009 M3QT 3/4" 137159
Manufacturer Model Size Serial No.

Line Pressure at time of Test <u>35</u> psi		<u>Existing</u> Replacement / New Device (circle one)		
Reduced Pressure Device	Requirement	Initial Test	Repairs	Retest
Check Valve #1	Closed tight?	<u>yes</u> /no (circle one)		yes/no
Pressure drop across Ck. Valve #1	min. of 5.0 psid	(A) <u>8.6</u> psid		<u> </u> psid
Check Valve #2	Closed tight?	<u>yes</u> /no (circle one)		yes/no
Differential Pressure Relief Port	Must open at min. of 2.0 psid	<u>yes</u> /no (circle one)		Opened at <u> </u> psid
Pressure Buffer	A minus B equals or is greater than 3.0 psid	<u> </u> psid		<u> </u> psid
Double Check Valve Device	Requirement	Initial Test	Repairs	Retest
Check Valve #1	Closed tight at a min. of 1.0 psid?	yes/no (circle one)		yes/no
		<u> </u> psid		<u> </u> psid
Check Valve #2	Closed tight at a min. of 1.0 psid?	yes/no (circle one)		yes/no
		<u> </u> psid		<u> </u> psid
Pressure Vacuum Breaker	Requirement	Initial Test	Repairs	Retest
Air Inlet	Opened at min. of 1.0 psid?	yes/no (circle one)		yes/no
		<u> </u> psid		<u> </u> psid
Check Valve	Closed tight min. of 1.0 psid?	yes/no (circle one)		yes/no
		<u> </u> psid		<u> </u> psid

Remarks: _____

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: Cory Sandlin Cory Sandlin Date: 2-16-21
(Print) (Signature)

Test Kit Serial Number: 964628 Calibration Date: 10-23-20

License #: 2717058603 License Expiration Date: 9-30-21 City of Certification: DPOIR

ReTester Name: _____ Date: _____
(Print) (Signature)

Test Kit Serial Number: _____ Calibration Date: _____

License #: _____ License Expiration Date: _____ City of Certification: _____

Testing Company: Moore's electric Phone #: (434) 269-1851

Company Address: 101 Edgewood Ave. Altavista VA 24617



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FAX (757) 538-3921

PUBLIC UTILITIES
CROSS CONNECTION CONTROL

BACKFLOW PREVENTION DEVICE TEST REPORT

Name of Premises: USARC

Service Address: 886 Carolina Rd. Suffolk VA 23345

Use & Location of Device: Make-up water / Mebh. 130

Device: Wilkins zurn 973XL 1" 3795841
Manufacturer Model Size Serial No.

Line Pressure at time of Test <u>35</u> psi		(Existing) Replacement / New Device (circle one)		
Reduced Pressure Device	Requirement	Initial Test	Repairs	Retest
Check Valve #1	Closed tight?	<u>yes</u> /no (circle one)		yes/no
Pressure drop across Ck. Valve #1	min. of 5.0 psid	(A) <u>9.0</u> psid		<u> </u> psid
Check Valve #2	Closed tight?	<u>yes</u> /no (circle one)		yes/no
Differential Pressure Relief Port	Must open at min. of 2.0 psid	<u>yes</u> /no (circle one)		Opened at <u> </u> psid
Pressure Buffer	A minus B equals or is greater than 3.0 psid	<u> </u> psid		<u> </u> psid
Double Check Valve Device	Requirement	Initial Test	Repairs	Retest
Check Valve #1	Closed tight at a min. of 1.0 psid?	yes/no (circle one) <u> </u> psid		yes/no <u> </u> psid
Check Valve #2	Closed tight at a min. of 1.0 psid?	yes/no (circle one) <u> </u> psid		yes/no <u> </u> psid
Pressure Vacuum Breaker	Requirement	Initial Test	Repairs	Retest
Air Inlet	Opened at min. of 1.0 psid?	yes/no (circle one) <u> </u> psid		yes/no <u> </u> psid
Check Valve	Closed tight min. of 1.0 psid?	yes/no (circle one) <u> </u> psid		yes/no <u> </u> psid

Remarks: _____

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: Cory Sandlin Cory Sandlin Date: 2-16-21
(Print) (Signature)

Test Kit Serial Number: 964528 Calibration Date: 10-23-20

License #: 2717058603 License Expiration Date: 9-30-21 City of Certification: DPOR

ReTester Name: _____ Date: _____
(Print) (Signature)

Test Kit Serial Number: _____ Calibration Date: _____

License #: _____ License Expiration Date: _____ City of Certification: _____

Testing Company: Moore's electric Phone #: (434) 269-1851

Company Address: 101 Edgewood Ave. Altavista VA 24617

Test

Tag

Back Flow Prevention
Device
Annual Inspection

INSPECTION DATE 2/16/21

TYPE OF DEVICE RPZ

MFG. BY: Wilkins zurn 1"

MODEL # 975XL

SERIAL # 3795841

35 psi

PASSED



FAILED



① 9.0

② 3.0

③ 2.8

I HEREBY CERTIFY THAT THIS DEVICE HAS BEEN
TESTED PER STATE AND LOCAL REGULATIONS.

NAME Cory Sandlin

CARD # 2717058603

EXPIRED

2 / 16 / 22

Test

Tag

Back Flow Prevention
Device
Annual Inspection

INSPECTION DATE 2/16/21

TYPE OF DEVICE RPZ

MFG. BY: Watts 3/4"

MODEL # LF009M3QT

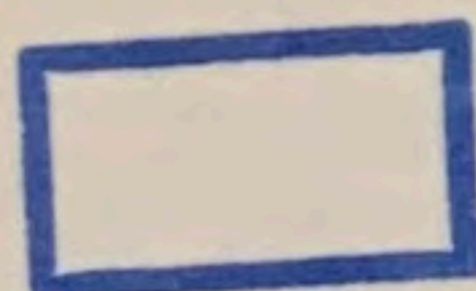
SERIAL # 137159

35psi

PASSED



FAILED



① 8.6

② 2.4

② 2.2

I HEREBY CERTIFY THAT THIS DEVICE HAS BEEN
TESTED PER STATE AND LOCAL REGULATIONS.

NAME

Cory Sandlin

CARD #

2717058603

EXPIRED

2 / 16 / 22





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