

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

FACID/Building: DE007

Date of Visit: 2/24/21

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Josh Stephens</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls - Service Call Number and Description

- | | |
|-------------------------------------|---|
| 1. <u>Backflow test</u> | <u>Asset # 190918-133 - Ser # UG175</u> |
| 2. <u>Asset # 1046 Ser # 203643</u> | |
| 3. <u>Asset # 1061 Ser # 69925</u> | |

WO # 13494
13553 CSS # _____
13495

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Josh Stephens

Date: 2/24/21

Signed: [Signature]

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: John M. Cox / MSB

Date: 2/24/21

Signed: [Signature]

E-Mail: john.m.cox7.mil@mail.mil

BUILDING-BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT

PROPERTY

PROJECT NAME

DE007

PROPERTY ADDRESS

1001 Oketown Rd

MAILING ADDRESS

Newark DE

CONTACT FIRST NAME

LAST NAME

PHONE NUMBER

EMAIL

ASSEMBLY TYPE

☒ REDUCED PRESSURE PRINCIPLE (RP)

☐ REDUCED PRESSURE PRINCIPLE-DETECTOR (RPD)

☐ PRESSURE VACUUM BREAKER (PBV)

☐ DOUBLE CHECK VALUE (DCV)

☐ SPILL RESISTANT PRESSURE VACUUM BREAKER (SVB)

THE BACKUP PREVENTION ASSEMBLY DETAILED HEREON HAS BEEN TESTED AND MAINTAINED AS REQUIRED BY TCEQ-CHAPTER 290, RULES AND REGULATIONS FOR PUBLIC WATER SYSTEMS, CITY'S UNIFORM PLUMBING CODE, AND IS CERTIFIED TO COMPLY WITH THE REQUIREMENTS.

DATE INSTALLED

MANUFACTURER

MODEL NUMBER

SERIAL NUMBER

SIZE

LOCATED AT

Wells

957

U01750

3"

Mach Re TB04

IS THE ASSEMBLY INSTALLED IN ACCORDANCE WITH MANUFACTURER RECOMMENDATION AND/OR CITY'S UNIFORM PLUMBING CODE?

☐ YES

☐ NO

REDUCED PRESSURE PRINCIPLE ASSEMBLY

DOUBLE CHECK VALVE ASSEMBLY

RELIEF VALVE

CHECK VALVE #1

CHECK VALVE #2

INITIAL TEST

☐ D.C. CLOSED TIGHT

☐ CLOSED TIGHT

OPENED AT

OPENED AT

HELD AT

RP _____ PSI

_____ PSI

PSI

PSI

PSI

☐ LEAKED

☐ LEAKED

☐ LEAKED

☐ LEAKED

☐ LEAKED

**REPAIRS AND
MATERIAL USED

FINAL TEST

☒ D.C. CLOSED TIGHT

☒ CLOSED TIGHT

OPENED AT

OPENED AT

HELD AT

RP 6.0 PSI

5.8 PSI

2.8 PSI

PSI

PSI

NOTES

* TEST REPORTS MUST BE KEPT FOR AT LEAST THREE YEARS.

TESTING IS REQUIRED UPON INSTALLATION, REPAIR, OR RELOCATION AND ANNUALLY THEREAFTER.

** USE ONLY MANUFACTURE REPLACEMENT PARTS.

TESTING CONTRACTOR

COMPANY NAME

S. S. Meh

CONTRACTOR REGISTRATION
NUMBER.

COMPANY ADDRESS

PHONE NUMBER

CERTIFIED TESTER

FIRST NAME

Josh

LAST NAME

Slipensu

CERTIFIED TESTER NUMBER

13F2019-101

W. O. C. ENGINEER

TEST DATE

2-24-21

TEST GAUGE USED

MAKE/MODEL

Wells/TK9A

SERIAL NUMBER

M0504

CALIBRATION DATE (Tested Annually)

6-18-20

REMARKS

passed

ACKNOWLEDGMENT

THE ABOVE TEST IS CERTIFIED TO BE TRUE AT THE TIME OF TESTING.

BACKFLOW TEST STATUS

☒ PASS

☐ FAIL

SIGNATURE OF CERTIFIED TESTER

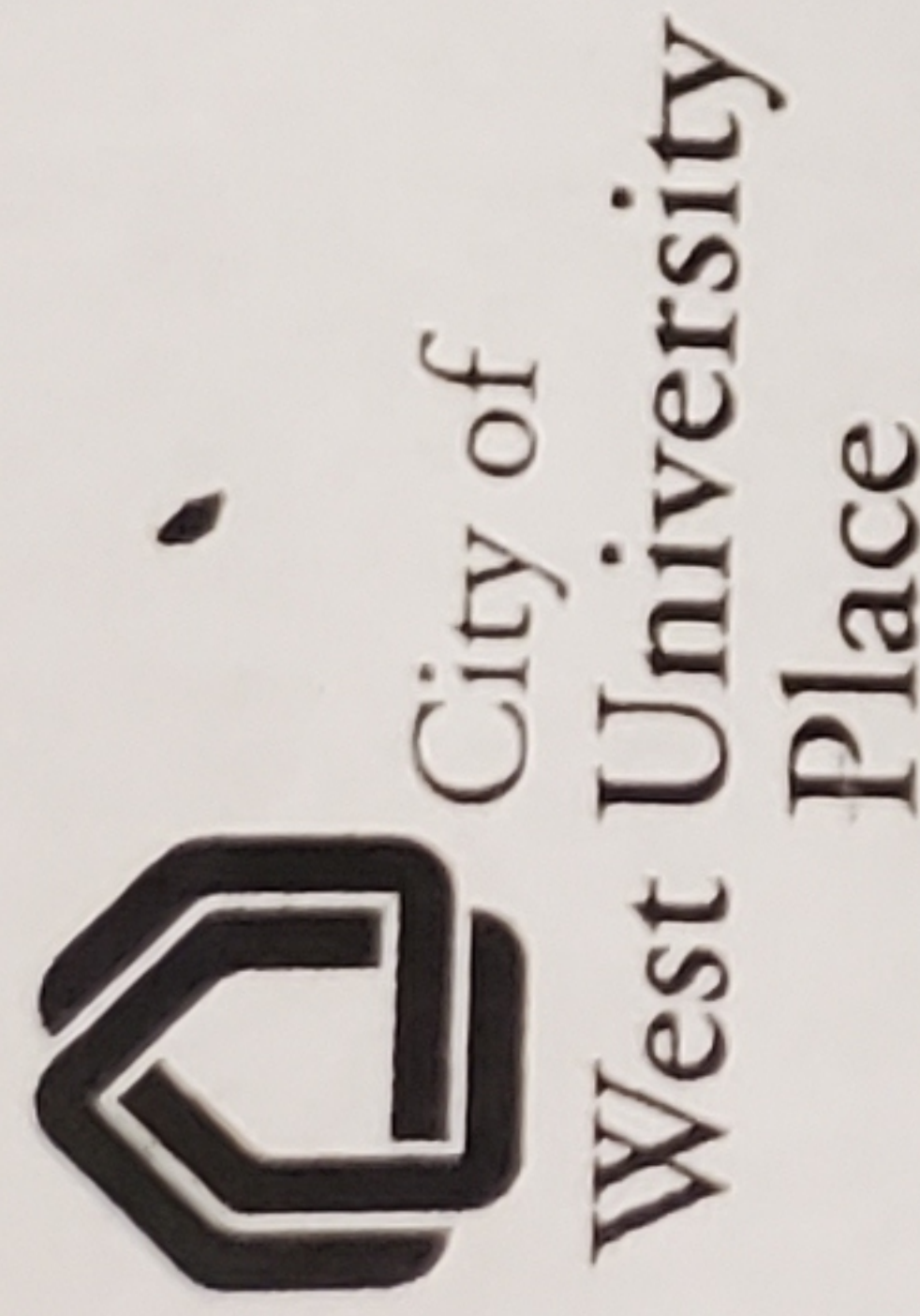
Josh Slipensu

DATE

2/24/21

PRINT NAME

Josh Slipensu



Public Works Department
Development Services

BUILDING-BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT

PROPERTY	
PROJECT NAME LF001	
PROPERTY ADDRESS	
MAILING ADDRESS DeWeck DE	
CONTACT FIRST NAME	LAST NAME
PHONE NUMBER	
EMAIL	

ASSEMBLY TYPE			
☒ REDUCED PRESSURE PRINCIPLE (RP)		☐ REDUCED PRESSURE PRINCIPLE-DETECTOR (RPD)	
☐ PRESSURE VACUUM BREAKER (PBV)		☐ DOUBLE CHECK VALVE (DCV)	
☐ PRESSURE VACUUM BREAKER (SVB)		☐ SPILL RESISTANT PRESSURE VACUUM BREAKER (SVB)	
THE BACKUP PREVENTION ASSEMBLY DETAILED HEREON HAS BEEN TESTED AN MAINTAINED AS REQUIRED BY TCEQ-CHAPTER 290, RULES AND REGULATIONS FOR PUBLIC WATER SYSTEMS, CITY'S UNIFORM PLUMBING CODE, AND IS CERTIFIED TO COMPLY WITH THE REQUIREMENTS.			
DATE INSTALLED 9/1/20	MANUFACTURER Watts	MODEL NUMBER LF009M2AT	SERIAL NUMBER 203643
SIZE 1"		LOCATED AT Mech Rm Bldg #1	
IS THE ASSEMBLY INSTALLED IN ACCORDANCE WITH MANUFACTURER RECOMMENDATION AND/OR CITY'S UNIFORM PLUMBING CODE? ☐ YES ☐ NO			

REDUCED PRESSURE PRINCIPLE ASSEMBLY		PRESSURE VACUUM BREAKER & SVB	
DOUBLE CHECK VALVE ASSEMBLY		AIR INLET	
CHECK VALVE #1	CHECK VALVE #2		CHECK VALVE
☐ D.C. CLOSED TIGHT RP _____ PSI ☐ LEAKED	☐ CLOSED TIGHT _____ PSI ☐ LEAKED	☐ OPENED AT _____ PSI ☐ LEAKED	☐ HELD AT _____ PSI ☐ LEAKED
☐ D.C. CLOSED TIGHT RP 70 PSI ☐ LEAKED	☐ CLOSED TIGHT 6.0 PSI	☐ OPENED AT 2.6 PSI ☐ LEAKED	☐ HELD AT _____ PSI

NOTES

- * TEST REPORTS MUST BE KEPT FOR AT LEAST THREE YEARS.
- ** TESTING IS REQUIRED UPON INSTALLATION, REPAIR, OR RELOCATION AND ANNUALLY THEREAFTER.
- ** USE ONLY MANUFACTURE REPLACEMENT PARTS.

TESTING CONTRACTOR		TEST GAUGE USED	
COMPANY NAME DTS	CONTRACTOR REGISTRATION NUMBER.	MAKE/MODEL Watts/TK9A	SERIAL NUMBER 160504
COMPANY ADDRESS		CALIBRATION DATE (Tested Annually) 6-18-20	
PHONE NUMBER		REMARKS pass	
ACKNOWLEDGMENT			
THE ABOVE TEST IS CERTIFIED TO BE TRUE AT THE TIME OF TESTING.			
BACKFLOW TEST STATUS		☒ PASS ☐ FAIL	
SIGNATURE OF CERTIFIED TESTER		DATE 9/24/21	
PRINT NAME Jesh Sidersen			

INSPECTION REQUEST LINE 713.662.5805 | BEFORE 4:30 PM FOR NEXT DAY



City of
West University
Place

Public Works Department
Development Services

**BUILDING-BACKFLOW PREVENTION
ASSEMBLY CERTIFIED TEST REPORT**

PROPERTY	
PROJECT NAME DE007	
PROPERTY ADDRESS	
MAILING ADDRESS NEWK DE	
CONTACT FIRST NAME	LAST NAME
PHONE NUMBER	EMAIL

ASSEMBLY TYPE

- ☐ REDUCED PRESSURE PRINCIPLE (RP) ☐ REDUCED PRESSURE PRINCIPLE-DETECTOR (RPD)
☐ PRESSURE VACUUM BREAKER (PBV) ☐ DOUBLE CHECK VALVE (DCV) ☐ SPILL RESISTANT PRESSURE VACUUM BREAKER (SVB)

THE BACKUP PREVENTION ASSEMBLY DETAILED HEREON HAS BEEN TESTED AND MAINTAINED AS REQUIRED BY TCEQ-CHAPTER 290, RULES AND REGULATIONS FOR PUBLIC WATER SYSTEMS, CITY'S UNIFORM PLUMBING CODE, AND IS CERTIFIED TO COMPLY WITH THE REQUIREMENTS.

DATE INSTALLED	MANUFACTURER Flomatic	MODEL NUMBER Rpze	SERIAL NUMBER 69925	SIZE 2"	LOCATED AT Bldg #2
----------------	--------------------------	----------------------	------------------------	------------	-----------------------

IS THE ASSEMBLY INSTALLED IN ACCORDANCE WITH MANUFACTURER RECOMMENDATION AND/OR CITY'S UNIFORM PLUMBING CODE? ☒ YES ☐ NO

	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER & SVB	
	DOUBLE CHECK VALVE ASSEMBLY		RELIEF VALVE	AIR INLET	CHECK VALVE
	CHECK VALVE #1	CHECK VALVE #2			
INITIAL TEST	☐ D.C. CLOSED TIGHT RP _____ PSI ☐ LEAKED	☐ CLOSED TIGHT _____ PSI ☐ LEAKED	OPENED AT _____ PSI ☐ LEAKED	OPENED AT _____ PSI ☐ LEAKED	HELD AT _____ PSI ☐ LEAKED
**REPAIRS AND MATERIAL USED					
FINAL TEST	☒ D.C. CLOSED TIGHT RP 6.5 PSI	☒ CLOSED TIGHT 5.8 PSI	OPENED AT 2.4 PSI	OPENED AT _____ PSI	HELD AT _____ PSI

NOTES

- * TEST REPORTS MUST BE KEPT FOR AT LEAST THREE YEARS. TESTING IS REQUIRED UPON INSTALLATION, REPAIR, OR RELOCATION AND ANNUALLY THEREAFTER.
- ** USE ONLY MANUFACTURE REPLACEMENT PARTS.

TESTING CONTRACTOR

COMPANY NAME S.S. Mah.	CONTRACTOR REGISTRATION NUMBER.
COMPANY ADDRESS	
PHONE NUMBER	

CERTIFIED TESTER

FIRST NAME Josh	LAST NAME Stephens
CERTIFIED TESTER NUMBER BF2019-101	
W. O. C. ENGINEER	
TEST DATE 2-24-21	

TEST GAUGE USED

MAKE/MODEL Wells/TK9A	SERIAL NUMBER 170504
CALIBRATION DATE (Tested Annually) 6-18-20	
REMARKS passed	

ACKNOWLEDGMENT

THE ABOVE TEST IS CERTIFIED TO BE TRUE AT THE TIME OF TESTING.

BACKFLOW TEST STATUS ☒ PASS ☐ FAIL

SIGNATURE OF CERTIFIED TESTER
[Signature] DATE
2/24/21

PRINT NAME
Josh Stephens

BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT

INSPECTION REQUEST LINE 713.662.5805 | BEFORE 4:30 PM FOR NEXT DAY

3826 AMHERST ST. WEST UNIVERSITY PLACE, TX 77005 | 713.662.5833 | INSPECTIONS@WESTUTX.GOV

PAGE 1 OF 1

1LF009M2QT



B64.4 ASSE



1013



RP

Certified to NSF/ANSI 61

180°F 175 PSI

20343

WATTS