

CERTIFICATION OF WORK

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

FACID/Building: MD002 Date of Visit: 3/5/21

Contractor Personnel on Site:

1. Josh Stephens
2. _____
3. _____
4. _____
5. _____
6. _____

Service Calls - Service Call Number and Description

1. Backflow Testing Asset # 1108 / 1109 / 1117 / 1118
2. _____ 190918-166 / MD02-296 / MD02-297
3. _____

WO# 13496 CSS# _____
13497
13554
13561

Asset# 1108 - Building
1109 - TSID#1
1117 - #4
1118 - #4

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Josh Stephens

Date: 3/8/21

Signed: _____

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: Ankney, Charles / CPT

Date: 3/5/21

Signed: _____

E-Mail: charles.c.ankney.mil@gmail.com



City of
West University
Place

Public Works Department
Development Services

BUILDING-BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT

PROPERTY

PROJECT NAME

MD002

PROPERTY ADDRESS

MAILING ADDRESS

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

MODEL NUMBER

SERIAL NUMBER

SIZE

LOCATED AT

Amcs

200055

1668700810

6"

Building 0314

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	<input type="checkbox"/> D.C. CLOSED TIGHT RP _____ PSI <input type="checkbox"/> LEAKED	<input type="checkbox"/> CLOSED TIGHT _____ PSI <input type="checkbox"/> LEAKED	OPENED AT _____ PSI <input type="checkbox"/> LEAKED	OPENED AT _____ PSI <input type="checkbox"/> LEAKED	HELD AT _____ PSI <input type="checkbox"/> LEAKED	
**REPAIRS AND MATERIAL USED						
FINAL TEST	<input checked="" type="checkbox"/> D.C. CLOSED TIGHT RP 7.6 PSI	<input checked="" type="checkbox"/> CLOSED TIGHT 8.0 PSI	OPENED AT _____ 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. Mechanical

CONTRACTOR REGISTRATION NUMBER

COMPANY ADDRESS

Upper Marlboro MD

PHONE NUMBER

301-574-1555

CERTIFIED TESTER

FIRST NAME

Josh

LAST NAME

Stephenson

CERTIFIED TESTER NUMBER

1352019-101

W. O. C. ENGINEER

TEST DATE

3/8/21

TEST GAUGE USED

MAKE/MODEL

Watts / TK9A

SERIAL NUMBER

770504

CALIBRATION DATE (Tested Annually)

6-18-20

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

[Signature]

DATE

3/8/21

PRINT NAME

Josh Stephenson

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

BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT

BUILDING-BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT

PROJECT NAME

MD0007

PROPERTY ADDRESS

MAILING ADDRESS

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

Ames

200055

1692690811

6"

Building #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		RELIEF VALVE		
	CHECK VALVE #1	CHECK VALVE #2	AIR INLET	CHECK VALVE	
INITIAL TEST	<input type="checkbox"/> D.C. CLOSED TIGHT RP _____ PSI <input type="checkbox"/> LEAKED	<input type="checkbox"/> CLOSED TIGHT _____ PSI <input type="checkbox"/> LEAKED	OPENED AT _____ PSI <input type="checkbox"/> LEAKED	OPENED AT _____ PSI <input type="checkbox"/> LEAKED	HELD AT _____ PSI <input type="checkbox"/> LEAKED
**REPAIRS AND MATERIAL USED					
FINAL TEST	<input checked="" type="checkbox"/> D.C. CLOSED TIGHT RP 7.8 PSI	<input checked="" type="checkbox"/> CLOSED TIGHT 9.0 PSI	OPENED AT _____ PSI	OPENED AT _____ PSI	HELD AT _____ PSI

NOTES

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TESTING CONTRACTOR

COMPANY NAME

S.S. Mechanical

CONTRACTOR REGISTRATION NUMBER.

COMPANY ADDRESS

Upper Marlboro MD

PHONE NUMBER

301-574-1555

CERTIFIED TESTER

FIRST NAME

Josh

LAST NAME

Stephenson

CERTIFIED TESTER NUMBER

1352019-101

W. O. C. ENGINEER

TEST DATE

3/8/21

TEST GAUGE USED

MAKE/MODEL

Wells / TK9A

SERIAL NUMBER

710504

CALIBRATION DATE (Tested Annually)

6-18-20

REMARKS

pcssce

ACKNOWLEDGMENT

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

BACKFLOW TEST STATUS

☒ PASS ☐ FAIL

SIGNATURE OF CERTIFIED TESTER

Josh Stephenson

DATE

3/8/21

PRINT NAME

Josh Stephenson

BUILDING-BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT

PROPERTY NAME MD002	
PROPERTY ADDRESS	
MAILING ADDRESS	
CONTACT FIRST NAME	LAST NAME
PHONE NUMBER	EMAIL

ASSEMBLY TYPE

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

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 Wilkins	MODEL NUMBER 375	SERIAL NUMBER 67999	SIZE 4"	LOCATED AT Building #1
IS THE ASSEMBLY INSTALLED IN ACCORDANCE WITH MANUFACTURER RECOMMENDATION AND/OR CITY'S UNIFORM PLUMBING CODE?					<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> D.C. CLOSED TIGHT RP _____ PSI <input type="checkbox"/> LEAKED	<input type="checkbox"/> CLOSED TIGHT _____ PSI <input type="checkbox"/> LEAKED	OPENED AT _____ PSI <input type="checkbox"/> LEAKED	OPENED AT _____ PSI <input type="checkbox"/> LEAKED	HELD AT _____ PSI <input type="checkbox"/> LEAKED
**REPAIRS AND MATERIAL USED					
FINAL TEST	<input checked="" type="checkbox"/> D.C. CLOSED TIGHT RP 8.0 PSI	<input checked="" type="checkbox"/> CLOSED TIGHT 5.5 PSI	OPENED AT 2.0 PSI	OPENED AT _____ PSI	HELD AT _____ PSI

NOTES

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- ** USE ONLY MANUFACTURE REPLACEMENT PARTS.

TESTING CONTRACTOR

COMPANY NAME
S.S. Mechanical

CONTRACTOR REGISTRATION NUMBER

COMPANY ADDRESS

Upper Marlboro MD

PHONE NUMBER

301-574-1555

CERTIFIED TESTER

FIRST NAME

Josh

LAST NAME

Stephenson

CERTIFIED TESTER NUMBER

1352019-101

W. O. C. ENGINEER

TEST DATE

3/8/21

TEST GAUGE USED

MAKE/MODEL

Wells / TK9A

SERIAL NUMBER

770504

CALIBRATION DATE (Tested Annually)

6-18-20

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

[Signature]

DATE

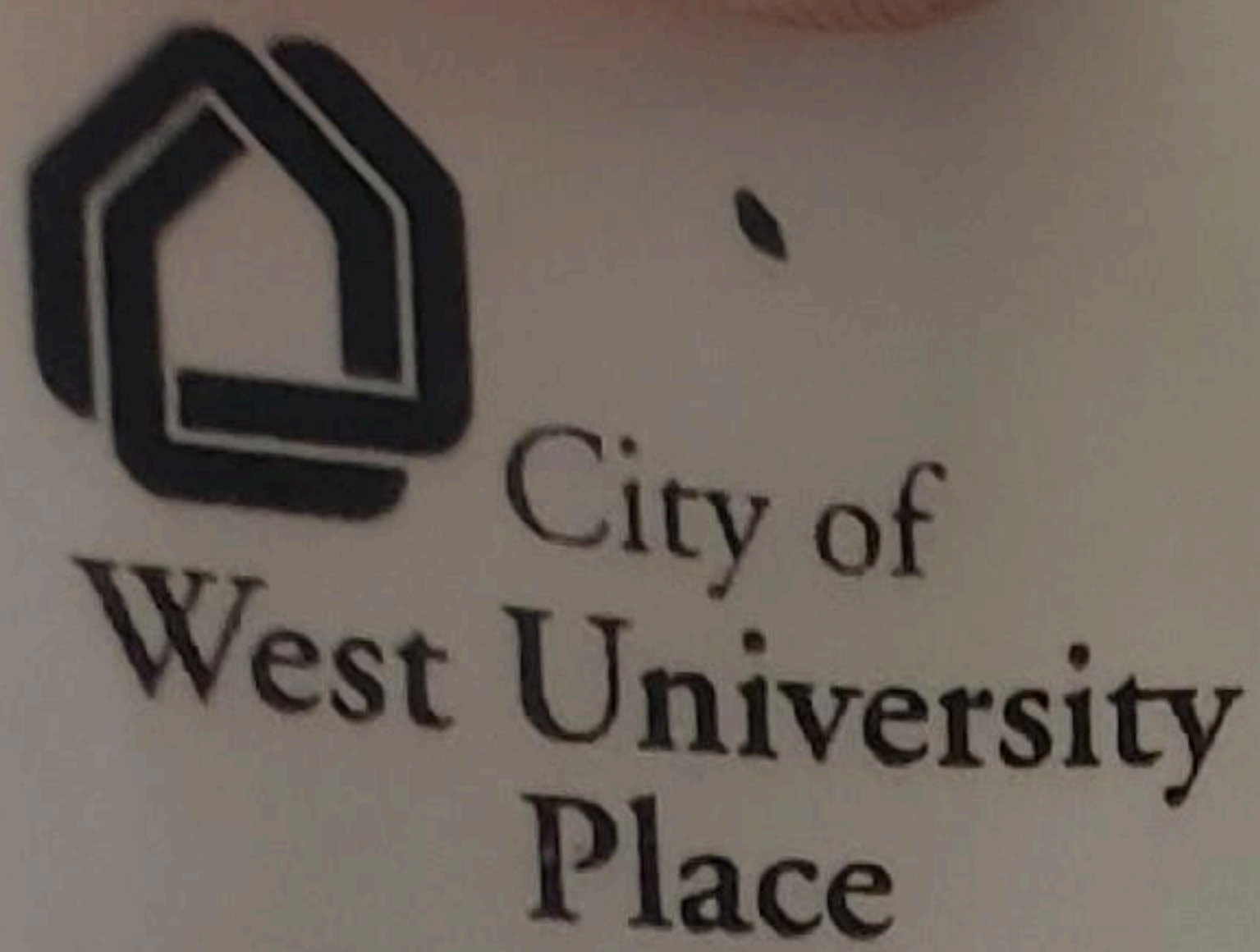
3/8/21

PRINT NAME

Josh Stephenson

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

BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT



Public Works Department
Development Services

BUILDING-BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT

PROPERTY	
PROJECT NAME M0002	
PROPERTY ADDRESS	
MAILING ADDRESS	
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 Wilkins	MODEL NUMBER 375A51	SERIAL NUMBER 8543C	SIZE 3"	LOCATED AT Building #2
IS THE ASSEMBLY INSTALLED IN ACCORDANCE WITH MANUFACTURER RECOMMENDATION AND/OR CITY'S UNIFORM PLUMBING CODE?					<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> D.C. CLOSED TIGHT RP _____ PSI <input type="checkbox"/> LEAKED	<input type="checkbox"/> CLOSED TIGHT _____ PSI <input type="checkbox"/> LEAKED	OPENED AT _____ PSI <input type="checkbox"/> LEAKED	OPENED AT _____ PSI <input type="checkbox"/> LEAKED	HELD AT _____ PSI <input type="checkbox"/> LEAKED
**REPAIRS AND MATERIAL USED					
FINAL TEST	<input checked="" type="checkbox"/> D.C. CLOSED TIGHT RP 7.8 PSI	<input checked="" type="checkbox"/> CLOSED TIGHT 6.0 PSI	OPENED AT 2.3 PSI	OPENED AT _____ PSI	HELD AT _____ PSI

NOTES

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- ** USE ONLY MANUFACTURE REPLACEMENT PARTS.

TESTING CONTRACTOR

COMPANY NAME
S.S. Mechanical

CONTRACTOR REGISTRATION
NUMBER.

COMPANY ADDRESS

Upper Marlboro MD

PHONE NUMBER

301-574-1555

CERTIFIED TESTER

FIRST NAME

Josh

LAST NAME

Stephenson

CERTIFIED TESTER NUMBER

BF2019-101

W. O. C. ENGINEER

TEST DATE

3/8/21

TEST GAUGE USED

MAKE/MODEL

Watts / TK9A

SERIAL NUMBER

770504

CALIBRATION DATE (Tested Annually)

6-18-20

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

[Signature]

DATE

3/8/21

PRINT NAME

Josh Stephenson

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

BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT



Public Works Department
Development Services

BUILDING-BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT

PROPERTY

PROJECT NAME

M0002

PROPERTY ADDRESS

MAILING ADDRESS

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 Ames MODEL NUMBER 2000SS SERIAL NUMBER 1761920917 SIZE 8" LOCATED AT Building #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	<input type="checkbox"/> D.C. CLOSED TIGHT RP _____ PSI <input type="checkbox"/> LEAKED	<input type="checkbox"/> CLOSED TIGHT _____ PSI <input type="checkbox"/> LEAKED	OPENED AT _____ PSI <input type="checkbox"/> LEAKED	OPENED AT _____ PSI <input type="checkbox"/> LEAKED	HELD AT _____ PSI <input type="checkbox"/> LEAKED
**REPAIRS AND MATERIAL USED					
FINAL TEST	<input checked="" type="checkbox"/> D.C. CLOSED TIGHT RP <u>9.9</u> PSI	<input checked="" type="checkbox"/> CLOSED TIGHT <u>8.9</u> PSI	OPENED AT _____ PSI	OPENED AT _____ PSI	HELD AT _____ PSI

NOTES

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- ** USE ONLY MANUFACTURE REPLACEMENT PARTS.

TESTING CONTRACTOR

COMPANY NAME

S.S. Mechanical

CONTRACTOR REGISTRATION NUMBER

COMPANY ADDRESS

Upper Marlboro MD

PHONE NUMBER

301-574-1555

CERTIFIED TESTER

FIRST NAME

Josh

LAST NAME

Stephenson

CERTIFIED TESTER NUMBER

1352019-101

W. O. C. ENGINEER

TEST DATE

3/8/21

TEST GAUGE USED

MAKE/MODEL

Wells / TK9A

SERIAL NUMBER

770504

CALIBRATION DATE (Tested Annually)

6-18-20

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

[Signature]

DATE

3/8/21

PRINT NAME

Josh Stephenson

BUILDING-BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT

PROPERTY	
PROJECT NAME M0002	
PROPERTY ADDRESS	
MAILING ADDRESS	
CONTACT FIRST NAME	LAST NAME
PHONE NUMBER	EMAIL

ASSEMBLY TYPE					
<input type="checkbox"/> REDUCED PRESSURE PRINCIPLE (RP)		<input type="checkbox"/> REDUCED PRESSURE PRINCIPLE-DETECTOR (RPD)			
<input type="checkbox"/> PRESSURE VACUUM BREAKER (PBV)		<input checked="" type="checkbox"/> DOUBLE CHECK VALVE (DCV)		<input type="checkbox"/> 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 Ames	MODEL NUMBER 2000SS	SERIAL NUMBER 167838011	SIZE 6"	LOCATED AT Building #4
IS THE ASSEMBLY INSTALLED IN ACCORDANCE WITH MANUFACTURER RECOMMENDATION AND/OR CITY'S UNIFORM PLUMBING CODE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> D.C. CLOSED TIGHT RP _____ PSI <input type="checkbox"/> LEAKED	<input type="checkbox"/> CLOSED TIGHT _____ PSI <input type="checkbox"/> LEAKED	OPENED AT _____ PSI <input type="checkbox"/> LEAKED	OPENED AT _____ PSI <input type="checkbox"/> LEAKED	HELD AT _____ PSI <input type="checkbox"/> LEAKED
**REPAIRS AND MATERIAL USED					
FINAL TEST	<input checked="" type="checkbox"/> D.C. CLOSED TIGHT RP 8.0 PSI	<input checked="" type="checkbox"/> CLOSED TIGHT 7.6 PSI	OPENED AT _____ PSI	OPENED AT _____ PSI	HELD AT _____ PSI

NOTES

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** USE ONLY MANUFACTURE REPLACEMENT PARTS.

TESTING CONTRACTOR		TEST GAUGE USED	
COMPANY NAME S.S. Mechanical	CONTRACTOR REGISTRATION NUMBER	MAKE/MODEL Wells / TK9A	SERIAL NUMBER 770504
COMPANY ADDRESS Upper Marlboro MD		CALIBRATION DATE (Tested Annually) 6-18-20	
PHONE NUMBER 301-574-1555		REMARKS pass	
CERTIFIED TESTER			
FIRST NAME Josh	LAST NAME Stephenson	ACKNOWLEDGMENT	
CERTIFIED TESTER NUMBER BF2019-101		THE ABOVE TEST IS CERTIFIED TO BE TRUE AT THE TIME OF TESTING.	
W. O. C. ENGINEER		BACKFLOW TEST STATUS <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL	
TEST DATE 3/8/21		SIGNATURE OF CERTIFIED TESTER [Signature]	
		DATE 3/8/21	
		PRINT NAME Josh Stephenson	

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

BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT



City of
West University
Place

Public Works Department
Development Services

BUILDING-BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT

PROPERTY

PROJECT NAME

MD0002

PROPERTY ADDRESS

MAILING ADDRESS

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)

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DATE INSTALLED

MANUFACTURER

MODEL NUMBER

SERIAL NUMBER

SIZE

LOCATED AT

Wilkins

375A56

Ass#1117
30020100

2.5"

Building 4

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

PRESSURE VACUUM BREAKER & SVB

AIR INLET

CHECK 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 8.6 PSI

5.8 PSI

2.0 PSI

PSI

PSI

NOTES

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

** USE ONLY MANUFACTURE REPLACEMENT PARTS.

TESTING CONTRACTOR

COMPANY NAME

S.S. Mechanical

CONTRACTOR REGISTRATION NUMBER

COMPANY ADDRESS

Upper Marlboro MD

PHONE NUMBER

301-574-1555

CERTIFIED TESTER

FIRST NAME

Josh

LAST NAME

Stephenson

CERTIFIED TESTER NUMBER

BF2019-101

W. O. C. ENGINEER

TEST DATE

3/8/21

TEST GAUGE USED

MAKE/MODEL

Wells / TK9A

SERIAL NUMBER

770504

CALIBRATION DATE (Tested Annually)

6-18-20

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

Josh Stephenson

DATE

3/8/21

PRINT NAME

Josh Stephenson

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