

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

FACID/Building: MDO02 Date of Visit: 3/5/21

Contractor Personnel on Site:

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

Service Calls – Service Call Number and Description

1. Backflow Testing Asset # 1108 / 1109 / 1117 / 1118
190918-166 / MDO2-296 / MDO2-297
 2. _____
 3. _____
- WO# 13496 CSS# _____ Asset # 1108 - 1310 #1
13497 _____ 1109 - #1
3554 _____ 1117 - #4
13561 _____ 1118 - #4

To be signed by the Contractor:

Print Name: Josh Stephanson

Date: 3/8/21

Signed: J

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: 3/8/21

Signed: C

E-Mail: charles.c.ankney.mil@mail.mil



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 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.

Asset# 190918-166
DATE INSTALLED MANUFACTURER MODEL NUMBER SERIAL NUMBER SIZE LOCATED AT
200055 1668700810 6" Building 0314

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

	REDUCED PRESSURE PRINCIPLE ASSEMBLY		RELIEF VALVE	PRESSURE VACUUM BREAKER & SVB		
	DOUBLE CHECK VALVE ASSEMBLY			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 RP _____ 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 RP 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
BF2019-101

W. O. C. ENGINEER

TEST DATE

3/8/21

TEST GAUGE USED

MAKE/MODEL
Wetts TK9A

SERIAL NUMBER
1170504

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

PRINT NAME

DATE

3/8/21

BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT

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

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 VALUE (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 1692690811	SIZE 6"	LOCATED AT Building #1
IS THE ASSEMBLY INSTALLED IN ACCORDANCE WITH MANUFACTURER RECOMMENDATION AND/OR CITY'S UNIFORM PLUMING CODE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					

	REDUCED PRESSURE PRINCIPLE ASSEMBLY		RELIEF VALVE	PRESSURE VACUUM BREAKER & SVB	
	DOUBLE CHECK VALVE ASSEMBLY			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 type="checkbox"/> D.C. CLOSED TIGHT RP 7.8 PSI	<input type="checkbox"/> CLOSED TIGHT 9.0 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
BF2019-101

W. O. C. ENGINEER

TEST DATE

3/8/21

TEST GAUGE USED

MAKE/MODE
Wetts 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

Stephenson

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 REP



City of
West University
Place

Public Works Department
Development Services

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

PROPERTY PROJECT NAME MDOO2	PROPERTY ADDRESS
MAILING ADDRESS	
CONTACT FIRST NAME	LAST NAME
PHONE NUMBER	EMAIL

ASSEMBLY TYPE					
<input checked="" type="checkbox"/> REDUCED PRESSURE PRINCIPLE (RP)	<input type="checkbox"/> REDUCED PRESSURE PRINCIPLE-DETECTOR (RPD)				
<input type="checkbox"/> PRESSURE VACUUM BREAKER (PBV)	<input type="checkbox"/> DOUBLE CHECK VALUE (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 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? YES NO

	REDUCED PRESSURE PRINCIPLE ASSEMBLY		RELIEF VALVE	PRESSURE VACUUM BREAKER & SVB	
	DOUBLE CHECK VALVE ASSEMBLY			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 RP _____ 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 RP 5.3 PSI	OPENED AT 2.0 PSI	OPENED AT _____ PSI	HELD AT _____ 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
SS 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
1382019-101

W. O. C. ENGINEER

TEST DATE

3/8/21

TEST GAUGE USED

MAKE/MODEL
Wetts 1TK9A | 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



City of
West University
Place

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.

ASSEMBLY # 296

DATE INSTALLED	MANUFACTURER <i>Wilkins</i>	MODEL NUMBER <i>375A51</i>	SERIAL NUMBER <i>8543C</i>	SIZE <i>3"</i>	LOCATED AT <i>Building #2</i>
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IS THE ASSEMBLY INSTALLED IN ACCORDANCE WITH MANUFACTURER RECOMMENDATION AND/OR CITY'S UNIFORM PLUMBING CODE? YES NO

	REDUCED PRESSURE PRINCIPLE ASSEMBLY		RELIEF VALVE	PRESSURE VACUUM BREAKER & SVB		
	DOUBLE CHECK VALVE ASSEMBLY			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 RP _____ 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>1.8</u> PSI	<input checked="" type="checkbox"/> CLOSED TIGHT RP <u>6.0</u> PSI	OPENED AT <u>23</u> PSI	OPENED AT _____ PSI	HELD AT _____ 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 <i>S.S Mechanical</i>	CONTRACTOR REGISTRATION NUMBER
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COMPANY ADDRESS
Upper Marlboro MD

PHONE NUMBER
301-574-1555

CERTIFIED TESTER

FIRST NAME <i>Josh</i>	LAST NAME <i>Stephenson</i>
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CERTIFIED TESTER NUMBER
BF2019-101

W. O. C. ENGINEER

TEST DATE

3/8/21

TEST GAUGE USED

MAKE/MODE <i>Wilts TK9A</i>	SERIAL NUMBER <i>710504</i>
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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

Stephenson

DATE

3/8/21

PRINT NAME

Josh Stephenson



City of
West University
Place

Public Works Department
Development Services

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

PROPERTY	
PROJECT NAME MDOO2	
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 VALUE (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.

Asset # 291

DATE INSTALLED	MANUFACTURER Ames	MODEL NUMBER 2000SS	SERIAL NUMBER 1761920917	SIZE 8"	LOCATED AT Building #2
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IS THE ASSEMBLY INSTALLED IN ACCORDANCE WITH MANUFACTURER RECOMMENDATION AND/OR CITY'S UNIFORM PLUMBING CODE? YES NO

	REDUCED PRESSURE PRINCIPLE ASSEMBLY		RELIEF VALVE	PRESSURE VACUUM BREAKER & SVB		
	DOUBLE CHECK VALVE ASSEMBLY			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 RP _____ 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 9.9 PSI	<input checked="" type="checkbox"/> CLOSED TIGHT RP 8.9 PSI	OPENED AT _____ PSI	OPENED AT _____ PSI	HELD AT _____ 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	

FIRST NAME Josh	LAST NAME Stephenson
CERTIFIED TESTER NUMBER BF2019-101	
W. O. C. ENGINEER	
TEST DATE 3/8/21	

TEST GAUGE USED

MAKE/MODE Wetts 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 <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL	
SIGNATURE OF CERTIFIED TESTER 	DATE 3/8/21
PRINT NAME Josh Stephenson	



City of
West University
Place

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

- | | |
|--|---|
| <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 VALUE (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.

Assy # 1118

DATE INSTALLED	MANUFACTURER Ames	MODEL NUMBER 200055	SERIAL NUMBER 161838011	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 RP _____ 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 RP 7.6 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

TSF2019-101

W. O. C. ENGINEER

TEST DATE

3/8/21

TEST GAUGE USED

MAKE/MODE
Wetts | TK9A

SERIAL NUMBER
110504

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



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					
<input checked="" type="checkbox"/> REDUCED PRESSURE PRINCIPLE (RP)			<input type="checkbox"/> REDUCED PRESSURE PRINCIPLE-DETECTOR (RPD)		
<input type="checkbox"/> PRESSURE VACUUM BREAKER (PBV)			<input type="checkbox"/> DOUBLE CHECK VALUE (DCV) <input type="checkbox"/> SPILL RESISTANT PRESSURE VACUUM BREAKER (SVB)		
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DATE INSTALLED	MANUFACTURER Wilkins	MODEL NUMBER 375Asf	SERIAL NUMBER 3002010C	SIZE 2.5"	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		RELIEF VALVE	PRESSURE VACUUM BREAKER & SVB		
	DOUBLE CHECK VALVE ASSEMBLY			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	OPENED AT PSI	HELD AT PSI	
**REPAIRS AND MATERIAL USED			<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	
FINAL TEST	<input checked="" type="checkbox"/> D.C. CLOSED TIGHT RP 8.6 PSI	<input checked="" type="checkbox"/> CLOSED TIGHT 5.8 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
SJS 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/MODE
Wilks | TK9A

SERIAL NUMBER
770504

CALIBRATION DATE (Tested Annually)

6-18-20

REMARKS
passae

ACKNOWLEDGMENT

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

BACKFLOW TEST STATUS PASS FAIL

SIGNATURE OF CERTIFIED TESTER

PRINT NAME

Josh Stephenson

DATE

3/8/21