CERTIFICATION OF WORK

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

FACID/Building: MD024 **Date of Visit:** 2-17-21

Contractor Personnel on Site:

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

Service Calls – Service Call Number and Description

1. Testing Backflows
2. Building 004 / 002
3. _____

WO# 7934 CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Josh Stephenson **Date:** 2-17-21

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: James Rowland / SSG **Date:** 20210217

Signed: [signature]

E-Mail: James.R.Rowland6.mil@mail.mil

City of
West University
Place

Public Works Department
Development Services

BUILDING–BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT

PROPERTY	
PROJECT NAME: MD024	
PROPERTY ADDRESS: 700 Ordinece Rd	
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 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	MANUFACTURER	MODEL NUMBER	SERIAL NUMBER	SIZE	LOCATED AT
—	Wilkins	375AST	2010C	2.5	Bldg 004

IS THE ASSEMBLY INSTALLED IN ACCORDANCE WITH MANUFACTURER RECOMMENDATION AND/OR CITY'S UNIFORM PLUMING 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 8.6 PSI	☐ CLOSED TIGHT 3.8 PSI	OPENED AT 2.0 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	CONTRACTOR REGISTRATION NUMBER.
COMPANY ADDRESS	
PHONE NUMBER	

CERTIFIED TESTER

FIRST NAME: Josh	LAST NAME: Stephenson
CERTIFIED TESTER NUMBER: TBF2019-101	
W. O. C. ENGINEER	
TEST DATE	

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	DATE: 2/17/21
PRINT NAME: Josh Stephenson	

City of
West University
Place

Public Works Department
Development Services

BUILDING–BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT

PROPERTY	
PROJECT NAME MP024	
PROPERTY ADDRESS 900 Ordinance Rd	
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 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	MANUFACTURER	MODEL NUMBER	SERIAL NUMBER	SIZE	LOCATED AT
	Wilkins	375AST	8543L	3	Bld 002

IS THE ASSEMBLY INSTALLED IN ACCORDANCE WITH MANUFACTURER RECOMMENDATION AND/OR CITY'S UNIFORM PLUMING 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 7.8 PSI	☐ CLOSED TIGHT 6.0 PSI	OPENED AT 2.3 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	CONTRACTOR REGISTRATION NUMBER.
COMPANY ADDRESS	
PHONE NUMBER	

CERTIFIED TESTER

FIRST NAME Josh	LAST NAME Stephenson
CERTIFIED TESTER NUMBER BF2019-101	
W. O. C. ENGINEER	
TEST DATE 2-17-21	

TEST GAUGE USED

MAKE/MODEL Watts / TK9A	SERIAL NUMBER 9710504
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	DATE 2-17-21
PRINT NAME Josh Stephenson	