

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

FACID/Building: MDO 24 Date of Visit: 3/5/21

**Contractor Personnel on Site:**

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

**Service Calls – Service Call Number and Description**

1. Backflow testing Asset #	1288	Ser# 910050
2. _____	1289	910054
3. 4th Backflow had no Asset #	1290	910040
In 2nd floor Electric Rm	?	A01772
WO# 13494	CSS# _____	

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Josh Skpenson Date: 3/5/21

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: Mark Smith Date: 20210305

Signed: [Signature]

E-Mail: Mark.h.smith.civ@mail.mil





City of  
West University  
Place

Public Works Department  
Development Services

## BUILDING-BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT

<b>PROPERTY</b>	
PROJECT NAME <u>MD024</u>	
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 Wells MODEL NUMBER 007M2QT SERIAL NUMBER A01772 SIZE 1 1/2" LOCATED AT Blk 9, 1001

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>2.7</u> PSI	<input checked="" type="checkbox"/> CLOSED TIGHT <u>2.7</u> 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 3/5/21

### 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 3/5/21

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

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City of  
West University  
Place

Public Works Department  
Development Services

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

**PROPERTY**

PROJECT NAME

MD0024

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)

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DATE INSTALLED

MANUFACTURER

MODEL NUMBER

SERIAL NUMBER

SIZE

LOCATED AT

Wilkins

975XL

910040

1 1/2"

1st floor 1001

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**

**OPENED AT**

**OPENED AT**

**HELD AT**

**INITIAL TEST**

☐ D.C. CLOSED TIGHT

☐ CLOSED TIGHT

RP \_\_\_\_\_ PSI

\_\_\_\_\_ PSI

\_\_\_\_\_ PSI

\_\_\_\_\_ PSI

\_\_\_\_\_ PSI

☐ LEAKED

☐ LEAKED

☐ LEAKED

☐ LEAKED

☐ LEAKED

**\*\*REPAIRS AND  
MATERIAL USED**

**FINAL TEST**

☒ D.C. CLOSED TIGHT

☒ CLOSED TIGHT

RP 6.7 PSI

7.0 PSI

1.9 PSI

\_\_\_\_\_ PSI

\_\_\_\_\_ PSI

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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

BF2019-101

W. O. C. ENGINEER

TEST DATE

3/5/21

**TEST GAUGE USED**

MAKE/MODEL

Wells / TK9A

SERIAL NUMBER

770504

CALIBRATION DATE (Tested Annually)

6-18-20

REMARKS

pass

**ACKNOWLEDGMENT**

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BACKFLOW TEST STATUS

☒ PASS

☐ FAIL

SIGNATURE OF CERTIFIED TESTER

[Signature]

DATE

3/5/21

PRINT NAME

Josh Stephenson

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Place

Public Works Department  
Development Services

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ASSEMBLY CERTIFIED TEST REPORT**

**PROPERTY**

PROJECT NAME

MD024

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)

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DATE INSTALLED

MANUFACTURER

Wilkins

MODEL NUMBER

975XL

SERIAL NUMBER

910054

SIZE

1 1/2

LOCATED AT

Bldg 1001

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**

**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 5.8 PSI

☒ CLOSED TIGHT

6.8 PSI

OPENED AT

2.5 PSI

OPENED AT

\_\_\_\_\_ PSI

HELD AT

\_\_\_\_\_ PSI

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**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

3/5/21

**TEST GAUGE USED**

MAKE/MODEL

Wells / TK9A

SERIAL NUMBER

770504

CALIBRATION DATE (Tested Annually)

6-18-20

REMARKS

pass

**ACKNOWLEDGMENT**

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[Signature]

DATE

3/5/21

PRINT NAME

Josh Stephenson

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Public Works Department  
Development Services

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PROPERTY	
PROJECT NAME MD0024	
PROPERTY ADDRESS	
MAILING ADDRESS	
CONTACT FIRST NAME	LAST NAME
PHONE NUMBER	EMAIL

### ASSEMBLY TYPE

☒ REDUCED PRESSURE PRINCIPLE (RP)  
☐ PRESSURE VACUUM BREAKER (PBV)

☐ REDUCED PRESSURE PRINCIPLE-DETECTOR (RPD)

☐ DOUBLE CHECK VALVE (DCV)

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DATE INSTALLED	MANUFACTURER Wilkins	MODEL NUMBER 975XL	SERIAL NUMBER 910030	SIZE 1 1/2"	LOCATED AT Bldg 1001
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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			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 10 PSI	<input checked="" type="checkbox"/> CLOSED TIGHT 8.8 PSI	OPENED AT 3.1 PSI	OPENED AT _____ PSI	HELD AT _____ PSI

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### TESTING CONTRACTOR

COMPANY NAME  
S.S. Mechanical

CONTRACTOR REGISTRATION  
NUMBER.

COMPANY ADDRESS

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FIRST NAME

Josh

LAST NAME

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CERTIFIED TESTER NUMBER

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W. O. C. ENGINEER

TEST DATE

3/5/21

### TEST GAUGE USED

MAKE/MODEL

Wells / TK9A

SERIAL NUMBER

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CALIBRATION DATE (Tested Annually)

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REMARKS

pass

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SIGNATURE OF CERTIFIED TESTER

[Signature]

DATE

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