

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

Service Calls – Service Call Number and Description

1.	<u>Backflow testing Asset # 1288</u>	<u>910050</u>
2.	<u>1289</u>	<u>910054</u>
3.	<u>4th Backflow had no Asset # 1290</u>	<u>910040</u>
<u>In</u>	<u>2nd floor Electric Rm</u>	<u>A01712</u>
	<u>WO # 13498</u>	<u>CSS #</u>

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Josh Stephenson Date: 3/5/21
Signed: J.S.

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 H. Smith Date: 20210305
Signed: M.H. Smith
E-Mail: Mark.h.smith.uv@mail.mil



City of
West University
Place

Public Works Department
Development Services

BUILDING-BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT

PROPERTY	
PROJECT NAME	MDO24
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#

DATE INSTALLED	MANUFACTURER	MODEL NUMBER	SERIAL NUMBER	SIZE	LOCATED AT
	Wetts	001M2QT	A01772	1 1/2"	Bldg 100

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 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 2.1 PSI	<input checked="" type="checkbox"/> CLOSED TIGHT RP 2.1 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	CONTRACTOR REGISTRATION NUMBER
55 Mechanical	
COMPANY ADDRESS	Upper Marlboro MD
PHONE NUMBER	301-574-1555
CERTIFIED TESTER	
FIRST NAME	LAST NAME
Josh	Stephenson
CERTIFIED TESTER NUMBER	BB2019-101
W. O. C. ENGINEER	
TEST DATE	3/5/21

TEST GAUGE USED	
MAKE/MODE	SERIAL NUMBER
Wetts TK9A	110504
CALIBRATION DATE (Tested Annually)	
6-18-20	
REMARKS	
pessce	
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
	3/5/21
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 MDCO24	
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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Ass't 1290

DATE INSTALLED	MANUFACTURER <i>Wilkins</i>	MODEL NUMBER 975XL	SERIAL NUMBER 910040	SIZE 1 1/2"	LOCATED AT 1st floor 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 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 6.1 PSI	<input checked="" type="checkbox"/> CLOSED TIGHT RP 7.0 PSI	OPENED AT 1.9 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

BFS2019-101

W. O. C. ENGINEER

TEST DATE

3/5/21

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

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

EPSS

DATE

3/5/21

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 MDO24	
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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Assct# 1289

DATE INSTALLED	MANUFACTURER Wilkins	MODEL NUMBER 915XL	SERIAL NUMBER 910054	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		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 checked="" type="checkbox"/> D.C. CLOSED TIGHT RP 3.8 PSI	<input checked="" type="checkbox"/> CLOSED TIGHT 6.8 PSI	OPENED AT 2.5 PSI	OPENED AT PSI	HELD AT 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
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CERTIFIED TESTER NUMBER BF2019-101
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W. O. C. ENGINEER

TEST DATE 3/5/21

TEST GAUGE USED

MAKE/MODE Wilkins TK9A	SERIAL NUMBER 770504
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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
Josh Stephenson

DATE
3/5/21

PRINT NAME
Josh Stephenson

BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST R

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



Public Works Department
Development Services

BUILDING-BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT

PROPERTY	
PROJECT NAME MDO24	
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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ASST # 1288

DATE INSTALLED MANUFACTURER MODEL NUMBER SERIAL NUMBER SIZE LOCATED AT
W.L.Kins 975XL 910030 1 1/2" Bld, 100

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 10 PSI	<input checked="" type="checkbox"/> CLOSED TIGHT 8.8 PSI	OPENED AT 3.1 PSI	OPENED AT _____ PSI	HELD AT _____ PSI	

NOTES

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- USE ONLY MANUFACTURE REPLACEMENT PARTS.

TESTING CONTRACTOR

COMPANY NAME
S.S Mechanical

COMPANY ADDRESS
Upper Marlboro MD

PHONE NUMBER
301-574-1555

CERTIFIED TESTER

FIRST NAME
Josh

LAST NAME
Stephenson

CERTIFIED TESTER NUMBER
13F2019-101

W. O. C. ENGINEER

TEST DATE

3/5/21

TEST GAUGE USED

MAKE/MODEL
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

DATE

3/5/21

PRINT NAME

Josh Stephenson

BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT