

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: \_\_\_\_\_ Date of Visit: 2-17-2021

**Contractor Personnel on Site:**

- |                        |          |
|------------------------|----------|
| 1. <u>MARK YOUNGER</u> | 4. _____ |
| 2. _____               | 5. _____ |
| 3. _____               | 6. _____ |

**Service Call Number**

CSS# \_\_\_\_\_ WO# 13502

**Description of Repairs**

ANNUAL TESTING OF 2 backflow devices passed

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: MARK YOUNGER Date: 2-17-2021

Signed: Mark Younger

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: David Hagan Date: \_\_\_\_\_

Signed: [Signature]

E-Mail: \_\_\_\_\_





# Backflow Prevention Assembly Test Report

101 Edgewood Avenue • P.O. Box 119 • Altavista, VA 24517  
Phone: 800•789•7199 - Fax: 888•722•2712 - MooresElectric.com

Customer: USARC VA099

Street Address: 1117 Harmony Lane Bedford, VA. 24523

Service Address: Same

Point of Contact [Individual]: Don Husan

Point of Contact Phone # 540-266-4003

Is the Assembly: ☐ New ☒ Existing ☐ Replacement/Record Old Assembly Serial Number: \_\_\_\_\_

Location of Assembly: Mechanical room Feed Line: make-up water (ex: Irrigation, Boiler, X-ray Eqt.)

Type of Assembly: ☒ RPZ ☐ DCVA ☐ PVB Manufacturer: Apollo Size: 3/4"

Model: RP4-A Serial NO: 485765 Installed Correctly: ☒ YES ☐ NO

Test Gauge Manufacturer: Mid West Gauge Serial NO: 10121053 Calibration Date: 06/16/2020

Inlet Pressure: 70 Water Meter Serial Number: \_\_\_\_\_ Other Info, as applicable: \_\_\_\_\_

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed Tight gauge pressure across check valve <u>7.2</u> psi	opened at <u>3.2</u> psi <input type="checkbox"/> did not open	<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed Tight gauge pressure across check valve <u>2.0</u>	Air Inlet: opened at _____. <input type="checkbox"/> Did not open Check Valve: Held at _____. psi <input type="checkbox"/> Leaked
<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other:	<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> RV Assembly <input type="checkbox"/> Other:	<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other:	<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc, CV <input type="checkbox"/> Disc, Seat <input type="checkbox"/> Spring, CV or Air Inlet <input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other:
Gauge Pressure across check valve _____. psi	Relief valve opened at _____. psi	Gauge Pressure across check valve _____. psi	Air inlet _____. psi check valve _____. psi

**\*\* Note: All repairs shall be completed within five (5) working days unless otherwise approved by the Dept. of Water Resources. Assemblies shall not be replaced, relocated, or removed without advance authorization from the Department of Water Resources.**

Comments: Shut off Valve: ☒ Closed or ☐ Leaking \_\_\_\_\_

I hereby certify that the data in this report is accurate and reflects the proper operation of this unit.

	Date	Tester	Signature	Tester No	Passed	Failed
Initial Test	02/17/2021	Mark Younger	<i>Mark Younger</i>	2717057690	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Repairs					Note results below	
Final Test					<input type="checkbox"/>	<input type="checkbox"/>



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Is the Assembly: ☐ New ☒ Existing ☐ Replacement/Record Old Assembly Serial Number: \_\_\_\_\_

Location of Assembly: mechanical room

Feed Line: domestic

(ex: Irrigation, Boiler, X-ray Eqt.)

Type of Assembly: ☒ RPZ ☐ DCVA ☐ PVB

Manufacturer: Wilkins

Size: 3"

Model: 375 AST

Serial NO: 852C

Installed Correctly: ☒ YES ☐ NO

Test Gauge Manufacturer: Mid West

Gauge Serial NO: 10121053

Calibration Date: 06/16/2020

Inlet Pressure: 90

Water Meter Serial Number: \_\_\_\_\_

Other Info, as applicable: \_\_\_\_\_

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed Tight gauge pressure across check valve <u>5 . 8</u> psi	opened at <u>2 . 4</u> psi <input type="checkbox"/> did not open	<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed Tight gauge pressure across check valve <u>2 . 0</u>	Air Inlet: opened at _____. <input type="checkbox"/> Did not open Check Valve: Held at _____. psi <input type="checkbox"/> Leaked
<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other: _____	<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> RV Assembly <input type="checkbox"/> Other: _____	<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other: _____	<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc, CV <input type="checkbox"/> Disc, Seat <input type="checkbox"/> Spring, CV or Air Inlet <input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other: _____
Gauge Pressure across check valve _____. psi	Relief valve opened at _____. psi	Gauge Pressure across check valve _____. psi	Air inlet _____. psi check valve _____. psi

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Comments: Shut off Valve: ☒ Closed or ☐ Leaking \_\_\_\_\_

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Repairs					Note results below	
Final Test					<input type="checkbox"/>	<input type="checkbox"/>