

**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. Mark Younger
2. _____
3. _____

4. _____
5. _____
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: Donald Hudson Date: _____

Signed: Donald Hudson

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