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   4. _____
2. _____   5. _____
3. _____   6. _____

Service Call Number

CSS# _____ WO# 13503

Description of Repairs

Annual Testing of 1 Backflow devices
_____
_____
_____

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 Hason   Date: _____

Signed: _____

E-Mail: _____

MOORE'S SERVICE DIVISION

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

Type of Assembly: ☑ RPZ ☐ DCVA ☐ PVB   Manufacturer: Wilkins   Size: 2"

Model: 975XL   Serial NO: 3696104   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
☐ Leaked ☑ Closed Tight gauge pressure across check valve 8.2 psi	opened at 2.8 psi ☐ did not open	☐ Leaked ☑ Closed Tight gauge pressure across check valve 2.6	Air Inlet: opened at ___.___ ☐ Did not open Check Valve: Held at ___.___ psi ☐ Leaked
☐ Cleaned only Replaced: ☐ Disc ☐ Spring ☐ Guide ☐ Seat ☐ Rubber Kit ☐ CV Assembly ☐ Other: _____	☐ Cleaned only Replaced: ☐ Disc ☐ Spring ☐ Guide ☐ Seat ☐ Diaphragm ☐ RV Assembly ☐ Other: _____	☐ Cleaned only Replaced: ☐ Disc ☐ Spring ☐ Guide ☐ Seat ☐ Rubber Kit ☐ CV Assembly ☐ Other: _____	☐ Cleaned only Replaced: ☐ Disc, CV ☐ Disc, Seat ☐ Spring, CV or Air Inlet ☐ Seat ☐ Rubber Kit ☐ CV Assembly ☐ 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	*Mark Younger*	2717057690	☑	☐
Repairs					Note results below	
Final Test					☐	☐