

CERTIFICATION OF WORK

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

FACID/Building: DE002

Date of Visit: 2/24/21

Contractor Personnel on Site:

1. Josh Stephens
2. _____
3. _____
4. _____
5. _____
6. _____

Service Calls - Service Call Number and Description

1. Beck Ploches Asset # 190918-122 Set # 432580
2. Quick Adeline Filters
3. _____

WO# 13831 29043
13552 CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Josh Stephens Date: 2/24/21

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: Alex Gates Date: 24 Feb 2021

Signed: [Signature]

E-Mail: _____



City of
West University
Place

Public Works Department
Development Services

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

PROPERTY

PROJECT NAME

DE002

PROPERTY ADDRESS

1137 Savannah Rd

MAILING ADDRESS

Lewes, DE

CONTACT FIRST NAME

LAST NAME

PHONE NUMBER

EMAIL

ASSEMBLY TYPE

- ☐ REDUCED PRESSURE PRINCIPLE (RP) ☐ REDUCED PRESSURE PRINCIPLE-DETECTOR (RPD)
☐ PRESSURE VACUUM BREAKER (PVB) ☒ 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

MODEL NUMBER

SERIAL NUMBER

SIZE

LOCATED AT

WGH

007M1QT

432580

1"

Mech. Rm

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 4.2 PSI

4.0 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

SJS Mech

CONTRACTOR REGISTRATION NUMBER

COMPANY ADDRESS

PHONE NUMBER

CERTIFIED TESTER

FIRST NAME

Josh

LAST NAME

Stephenson

CERTIFIED TESTER NUMBER

1352019-101

W. O. C. ENGINEER

TEST DATE

2/24/21

TEST GAUGE USED

MAKE/MODEL

Wells / TR9A

SERIAL NUMBER

710504

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

2/24/21

PRINT NAME

Josh Stephenson

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

BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT