

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 Stephenson
2. _____
3. _____

4. _____
5. _____
6. _____

Service Calls - Service Call Number and Description

1. Deck Patches Ass# 190918-122 Ser# 432580
2. Quake Adeline Filters
3. _____

WO# 13831 CSS# 29043
13552

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Josh Stephenson

Date: 2/24/21

Signed: JS

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: AG

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 1131 Scuinch 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 VALVE (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# 190918-122

DATE INSTALLED	MANUFACTURER Watts	MODEL NUMBER 007M1QT	SERIAL NUMBER 432580	SIZE 1"	LOCATED AT Mech. Rm
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IS THE ASSEMBLY INSTALLED IN ACCORDANCE WITH MANUFACTURER RECOMMENDATION AND/OR CITY'S UNIFORM PLUMBING CODE? YES NO

INITIAL TEST	REDUCED PRESSURE PRINCIPLE ASSEMBLY		RELIEF VALVE	PRESSURE VACUUM BREAKER & SVB		
	DOUBLE CHECK VALVE ASSEMBLY			AIR INLET	CHECK VALVE	
	CHECK VALVE #1	CHECK VALVE #2				
	<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 type="checkbox"/> D.C. CLOSED TIGHT RP 4.2 PSI	<input type="checkbox"/> CLOSED TIGHT RP 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 SS Mech	CONTRACTOR REGISTRATION NUMBER
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COMPANY ADDRESS

PHONE NUMBER

CERTIFIED TESTER

FIRST NAME Josh	LAST NAME Stephenson
CERTIFIED TESTER NUMBER BTB2019-101	
W.O.C. ENGINEER	

TEST DATE
2/24/21

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

TEST GAUGE USED

MAKE/MODEL Watts TR9A	SERIAL NUMBER 4770504
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CALIBRATION DATE (Tested Annually)
6-18-20

REMARKS
Passed

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

BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT