

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

FACID/Building: DE007

Date of Visit: 2/24/21

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Josh Stephens</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls - Service Call Number and Description

- | | |
|-------------------------------------|---|
| 1. <u>Backflow test</u> | <u>Asset # 190918-133 - Ser # UG175</u> |
| 2. <u>Asset # 1046 Ser # 203643</u> | |
| 3. <u>Asset # 1061 Ser # 69925</u> | |

WO # 13494
13553 CSS # _____
13495

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: John M. Cox / MSB

Date: 2/24/21

Signed: [Signature]

E-Mail: john.m.cox7.mil@mail.mil

BUILDING-BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT

PROPERTY

PROJECT NAME

DE007

PROPERTY ADDRESS

1001 Okeetown Rd

MAILING ADDRESS

Newark DE

CONTACT FIRST NAME

LAST NAME

PHONE NUMBER

EMAIL

ASSEMBLY TYPE

☒ REDUCED PRESSURE PRINCIPLE (RP)

☐ REDUCED PRESSURE PRINCIPLE-DETECTOR (RPD)

☐ PRESSURE VACUUM BREAKER (PBV)

☐ 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

Wells

957

U01750

3"

Mach Re TB04

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

CHECK VALVE #1

CHECK VALVE #2

INITIAL TEST

☐ D.C. CLOSED TIGHT

☐ CLOSED TIGHT

OPENED AT

OPENED AT

HELD AT

RP _____ PSI

_____ PSI

PSI

PSI

PSI

☐ LEAKED

☐ LEAKED

☐ LEAKED

☐ LEAKED

☐ LEAKED

**REPAIRS AND
MATERIAL USED

FINAL TEST

☒ D.C. CLOSED TIGHT

☒ CLOSED TIGHT

OPENED AT

OPENED AT

HELD AT

RP 6.0 PSI

5.8 PSI

PSI

PSI

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

S. S. Meh

CONTRACTOR REGISTRATION
NUMBER.

COMPANY ADDRESS

PHONE NUMBER

CERTIFIED TESTER

FIRST NAME

Josh

LAST NAME

Slipensu

CERTIFIED TESTER NUMBER

13F2019-101

W. O. C. ENGINEER

TEST DATE

2-24-21

TEST GAUGE USED

MAKE/MODEL

Wells/TK9A

SERIAL NUMBER

M0504

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

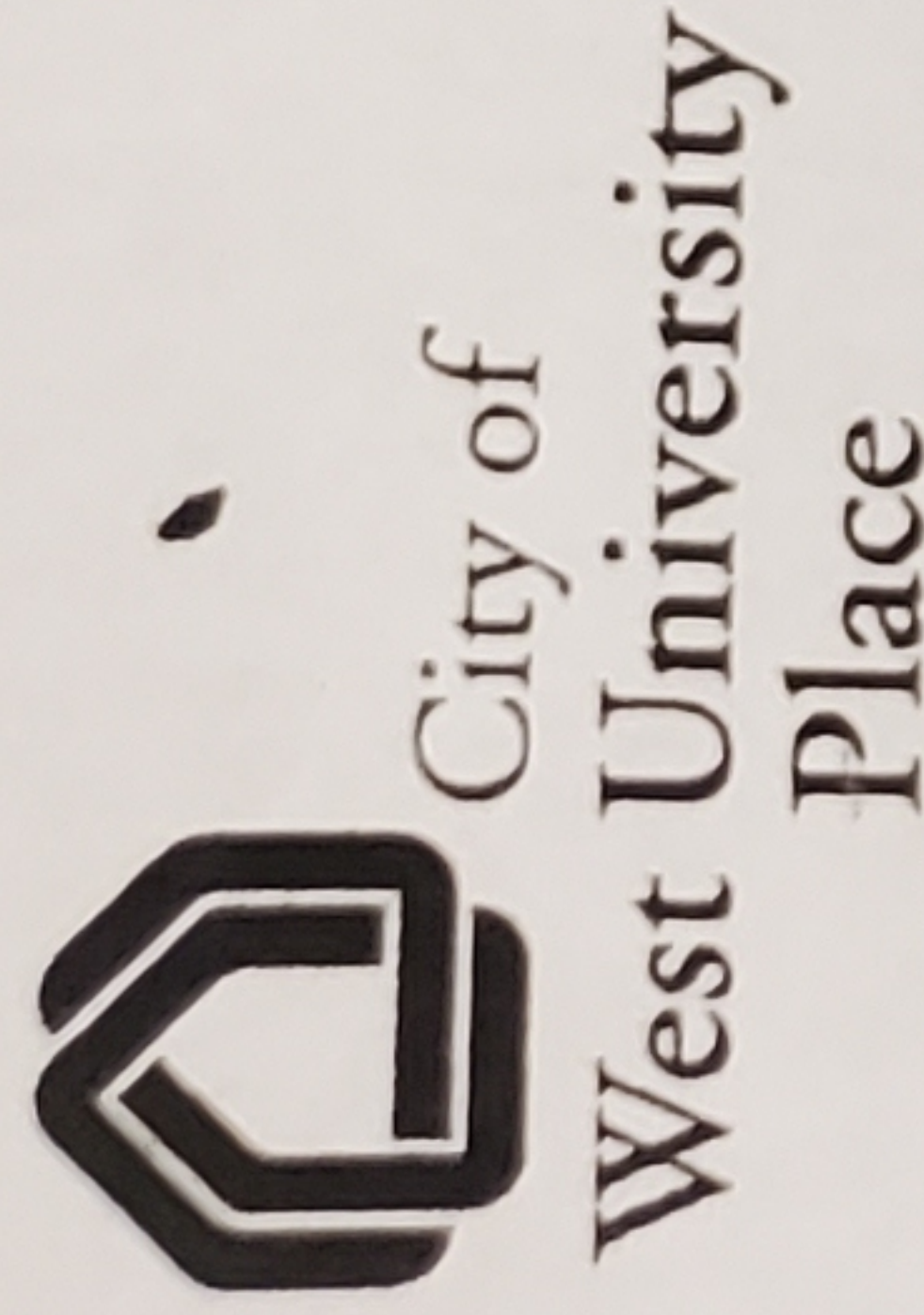
Josh Slipensu

DATE

2/24/21

PRINT NAME

Josh Slipensu



Public Works Department
Development Services

BUILDING-BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT

PROPERTY	
PROJECT NAME LF001	
PROPERTY ADDRESS	
MAILING ADDRESS DeWeck DE	
CONTACT FIRST NAME	LAST NAME
PHONE NUMBER	
EMAIL	

ASSEMBLY TYPE			
☒ REDUCED PRESSURE PRINCIPLE (RP)		☐ REDUCED PRESSURE PRINCIPLE-DETECTOR (RPD)	
☐ PRESSURE VACUUM BREAKER (PBV)		☐ DOUBLE CHECK VALVE (DCV)	
☐ SPILL RESISTANT PRESSURE VACUUM BREAKER (SVB)			
THE BACKUP PREVENTION ASSEMBLY DETAILED HEREON HAS BEEN TESTED 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 9/1/20	MANUFACTURER Watts	MODEL NUMBER LF009M2AT	SERIAL NUMBER 203643
SIZE 1"		LOCATED AT Mech Rm Bldg #1	
IS THE ASSEMBLY INSTALLED IN ACCORDANCE WITH MANUFACTURER RECOMMENDATION AND/OR CITY'S UNIFORM PLUMBING CODE? ☐ YES ☐ NO			

REDUCED PRESSURE PRINCIPLE ASSEMBLY		PRESSURE VACUUM BREAKER & SVB	
DOUBLE CHECK VALVE ASSEMBLY		AIR INLET	
CHECK VALVE #1	CHECK VALVE #2		CHECK VALVE
☐ D.C. CLOSED TIGHT RP _____ PSI ☐ LEAKED	☐ CLOSED TIGHT _____ PSI ☐ LEAKED	☐ OPENED AT _____ PSI ☐ LEAKED	☐ HELD AT _____ PSI ☐ LEAKED
☐ D.C. CLOSED TIGHT RP 70 PSI ☐ LEAKED	☐ CLOSED TIGHT 6.0 PSI	☐ OPENED AT 2.6 PSI ☐ LEAKED	☐ HELD AT _____ PSI

NOTES

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- ** TESTING IS REQUIRED UPON INSTALLATION, REPAIR, OR RELOCATION AND ANNUALLY THEREAFTER.
- ** USE ONLY MANUFACTURE REPLACEMENT PARTS.

TESTING CONTRACTOR

COMPANY NAME DTS	CONTRACTOR REGISTRATION NUMBER.
COMPANY ADDRESS	
PHONE NUMBER	
CERTIFIED TESTER	
FIRST NAME Jeshi	LAST NAME Siddharsu
CERTIFIED TESTER NUMBER BS72019-101	
W. O. C. ENGINEER	
TEST DATE 9-24-21	

TEST GAUGE USED	
MAKE/MODEL Watt/TK9A	SERIAL NUMBER 160504
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 [Signature]	DATE 9/24/21
PRINT NAME Jeshi Siddharsu	

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



City of
West University
Place

Public Works Department
Development Services

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

PROPERTY

PROJECT NAME

PROPERTY ADDRESS

MAILING ADDRESS

CONTACT FIRST NAME

LAST NAME

PHONE NUMBER

EMAIL

ASSEMBLY TYPE

☐ REDUCED PRESSURE PRINCIPLE (RP)

☐ REDUCED PRESSURE PRINCIPLE-DETECTOR (RPD)

☐ PRESSURE VACUUM BREAKER (PBV)

☐ DOUBLE CHECK VALVE (DCV)

☐ SPILL RESISTANT PRESSURE VACUUM BREAKER (SVB)

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DATE INSTALLED

MANUFACTURER

MODEL NUMBER

SERIAL NUMBER

SIZE

LOCATED AT

Flomatic

Rpze

69925

2"

Block #2

IS THE ASSEMBLY INSTALLED IN ACCORDANCE WITH MANUFACTURER RECOMMENDATION AND/OR CITY'S UNIFORM PLUMBING CODE? ☒ YES ☐ NO

REDUCED PRESSURE PRINCIPLE ASSEMBLY

PRESSURE VACUUM BREAKER & SVB

DOUBLE CHECK VALVE ASSEMBLY

RELIEF VALVE

AIR INLET

CHECK VALVE

CHECK VALVE #1

CHECK VALVE #2

INITIAL TEST

☐ D.C. CLOSED TIGHT

☐ CLOSED TIGHT

OPENED AT

OPENED AT

HELD AT

RP _____ PSI

_____ PSI

_____ PSI

_____ PSI

_____ PSI

☐ LEAKED

☐ LEAKED

☐ LEAKED

☐ LEAKED

☐ LEAKED

****REPAIRS AND
MATERIAL USED**

FINAL TEST

☒ D.C. CLOSED TIGHT

☒ CLOSED TIGHT

OPENED AT

OPENED AT

HELD AT

RP 6.5 PSI

5.8 PSI

2.4 PSI

_____ PSI

_____ PSI

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TESTING CONTRACTOR

COMPANY NAME

CONTRACTOR REGISTRATION
NUMBER.

COMPANY ADDRESS

PHONE NUMBER

CERTIFIED TESTER

FIRST NAME

LAST NAME

CERTIFIED TESTER NUMBER

W. O. C. ENGINEER

TEST DATE

TEST GAUGE USED

MAKE/MODEL

SERIAL NUMBER

CALIBRATION DATE (Tested Annually)

REMARKS

ACKNOWLEDGMENT

THE ABOVE TEST IS CERTIFIED TO BE TRUE AT THE TIME OF TESTING.

BACKFLOW TEST STATUS

☒ PASS ☐ FAIL

SIGNATURE OF CERTIFIED TESTER

DATE

PRINT NAME

BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT

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

PAGE 1 OF 1

1LF009M2QT



B64.4 ASSE



1013



RP

Certified to NSF/ANSI 61

180°F 175 PSI

20343

WATTS