

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

FACID/Building: MDO19

Date of Visit: 3/2/21

Contractor Personnel on Site:

1. Josh Stephenson
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Service Calls – Service Call Number and Description**

1. Backflow test. Asset# 190918-183 Scrt# Q03108
2. Asset# 190918-184 Scrt# 30313
3. Quik Adking filter housings  
WO# 13827 CSS# 29037

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Josh Stephenson Date: 3/2/21

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: Sgt Willa Shaffer Date: 2 March 21

Signed: Willa Shaffer

E-Mail: \_\_\_\_\_



City of  
West University  
Place

Public Works Department  
Development Services

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

**PROPERTY**

PROJECT NAME  
**M.D019**

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 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.

Asset# 190918-183

DATE INSTALLED **2019** MANUFACTURER **Wells** MODEL NUMBER **009**

SERIAL NUMBER

**30313**

SIZE

**2 1/2"**

LOCATED AT

**Bldg #1**

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

	REDUCED PRESSURE PRINCIPLE ASSEMBLY		RELIEF VALVE	PRESSURE VACUUM BREAKER & SVB		
	DOUBLE CHECKVALVE ASSEMBLY			AIR INLET	CHECK VALVE	
	CHECK VALVE #1	CHECK VALVE #2				
INITIAL TEST	<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 checked="" type="checkbox"/> D.C. CLOSED TIGHT RP <b>7.4</b> PSI	<input checked="" type="checkbox"/> CLOSED TIGHT RP <b>8.0</b> PSI	OPENED AT <b>2.0</b> 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 **S.S Mechanical** CONTRACTOR REGISTRATION NUMBER

COMPANY ADDRESS

**Upper Marlboro MD**

PHONE NUMBER **301-574-1555**

**CERTIFIED TESTER**

FIRST NAME **Josh** LAST NAME **Stephenson**

CERTIFIED TESTER NUMBER

**BF2019101**

W. O. C. ENGINEER

TEST DATE

**3/2/21**

**TEST GAUGE USED**

MAKE/MODEL **Wells TK9A** SERIAL NUMBER **770504**

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

**EP**

PRINT NAME

**Josh Stephenson**

DATE

**3/2/21**

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

BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT



City of  
West University  
Place

Public Works Department  
Development Services

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

PROPERTY	
PROJECT NAME <b>MD019</b>	
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 VALUE (DCV)     SPILL RESISTANT PRESSURE VACUUM BREAKER (SVB)

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Asset# 190918-184

DATE INSTALLED	MANUFACTURER <i>WcHs</i>	MODEL NUMBER <i>LF009M2QT</i>	SERIAL NUMBER <i>203108</i>	SIZE <i>1"</i>	LOCATED AT <i>Blg#1</i>
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IS THE ASSEMBLY INSTALLED IN ACCORDANCE WITH MANUFACTURER RECOMMENDATION AND/OR CITY'S UNIFORM PLUMBING CODE?  YES  NO

	REDUCED PRESSURE PRINCIPLE ASSEMBLY		RELIEF VALVE	PRESSURE VACUUM BREAKER & SVB		
	DOUBLE CHECK VALVE ASSEMBLY			AIR INLET	CHECK VALVE	
	CHECK VALVE #1	CHECK VALVE #2				
INITIAL TEST	<input type="checkbox"/> D.C. CLOSED TIGHT RP _____ PSI <input type="checkbox"/> LEAKED	<input type="checkbox"/> CLOSED TIGHT 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 checked="" type="checkbox"/> D.C. CLOSED TIGHT RP <u>7.2</u> PSI	<input checked="" type="checkbox"/> CLOSED TIGHT <u>8.5</u> PSI	OPENED AT <u>2.5</u> PSI	OPENED AT PSI	HELD AT PSI	

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**TESTING CONTRACTOR**

COMPANY NAME  
*SJS Mechanical*

CONTRACTOR REGISTRATION NUMBER

COMPANY ADDRESS

*Upper Marlboro MD*

PHONE NUMBER

*301-574-1555*

**CERTIFIED TESTER**

FIRST NAME  
*Josh*

LAST NAME  
*Stephenson*

CERTIFIED TESTER NUMBER

*BF2019-101*

W. O. C. ENGINEER

TEST DATE

*3/2/21*

**TEST GAUGE USED**

MAKE/MODE  
*WcHs | TK9A*

SERIAL NUMBER  
*770504*

CALIBRATION DATE (Tested Annually)

*6-18-20*

REMARKS

*passae*

**ACKNOWLEDGMENT**

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BACKFLOW TEST STATUS

PASS  FAIL

SIGNATURE OF CERTIFIED TESTER

*Stephenson*

DATE

*3/2/21*

PRINT NAME

*Josh Stephenson*

BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT