

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. <u>Josh Skphoran</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls - Service Call Number and Description

- | | |
|--|-------------------|
| 1. <u>Backflow test Asset # 190918-183</u> | <u>Sc# 203108</u> |
| 2. <u>Asset # 190918-184</u> | <u>Sc# 30313</u> |
| 3. <u>Quick Acting Filter Housing</u> | |
| <u>WO# 13827 CSS# 29037</u> | |
| <u>13556</u> | |

CERTIFICATION OF WORK

To be signed by the Contractor:

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

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: Sgt Willa Shih Date: 2 March 21

Signed: [Signature]

E-Mail: _____



City of
West University
Place

Public Works Department
Development Services

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

PROPERTY

PROJECT NAME

M0019

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)

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

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			PRESSURE VACUUM BREAKER & SVB	
	DOUBLE CHECK VALVE ASSEMBLY		RELIEF VALVE	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>7.4</u> PSI	<input checked="" type="checkbox"/> CLOSED TIGHT <u>8.0</u> PSI	OPENED AT <u>2.0</u> 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

1352019-101

W. O. C. ENGINEER

TEST DATE

3/2/21

TEST GAUGE USED

MAKE/MODEL

Wells / TR9A

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

[Signature]

DATE

3/2/21

PRINT NAME

Josh Stephenson

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

BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT



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Public Works Department
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Asset # 190918-184

DATE INSTALLED

MANUFACTURER

Wells

MODEL NUMBER

LF009M2QT

SERIAL NUMBER

203108

SIZE

1"

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			PRESSURE VACUUM BREAKER & SVB	
	DOUBLE CHECK VALVE ASSEMBLY		RELIEF VALVE	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 7.2 PSI	<input checked="" type="checkbox"/> CLOSED TIGHT 8.5 PSI	OPENED AT 2.5 PSI	OPENED AT _____ PSI	HELD AT _____ PSI

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