

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: VA011 Date of Visit: 3-1-21

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Cory Sandlin</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# _____ WO# 13557

Description of Repairs

Tested backflow - Backflow passed

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Cory Sandlin Date: 3-1-21

Signed: Cory Sandlin

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: Chris Chipp Date: 3-1-21

Signed: OC

E-Mail: _____



Backflow Prevention Assembly Test Report

101 Edgewood Avenue • P.O. Box 119 • Altavista, VA 24517
Phone: 800•789•7199 - Fax: 888•722•2712 - MooresElectric.com

Customer: USARC VA011

Street Address: _____

Service Address: 1821 Industry Dr.
Culpeper VA 22701

Point of Contact [Individual]: _____

Point of Contact Phone # _____

Is the Assembly: ☐ New ☒ Existing ☐ Replacement/Record Old Assembly Serial Number: _____

Location of Assembly: Mechanical Room Feed Line: Boiler (ex: Irrigation, Boiler, X-ray Eqt.)

Type of Assembly: ☒ RPZ ☐ DCVA ☐ PVB Manufacturer: Watts Size: 3/4"

Model: 909 Serial NO: 454515 Installed Correctly: ☒ YES ☐ NO

Test Gauge Manufacturer: Mid-west Gauge Serial NO: 964328 Calibration Date: 10-23-20

Inlet Pressure: 75 Water Meter Serial Number: _____ Other Info, as applicable: _____

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed Tight gauge pressure across check valve <u>9.0</u> psi	opened at <u>4.2</u> psi <input type="checkbox"/> did not open	<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed Tight gauge pressure across check valve <u>1.8</u>	Air Inlet: opened at _____. <input type="checkbox"/> Did not open Check Valve: Held at _____. psi <input type="checkbox"/> Leaked
<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other:	<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> RV Assembly <input type="checkbox"/> Other:	<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other:	<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc, CV <input type="checkbox"/> Disc, Seat <input type="checkbox"/> Spring, CV or Air Inlet <input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other:
Gauge Pressure across check valve _____. psi	Relief valve opened at _____. psi	Gauge Pressure across check valve _____. psi	Air inlet _____. psi check valve _____. psi

**** Note: All repairs shall be completed within five (5) working days unless otherwise approved by the Dept. of Water Resources. Assemblies shall not be replaced, relocated, or removed without advance authorization from the Department of Water Resources.**

Comments: Shut off Valve: ☒ Closed or ☐ Leaking _____

I hereby certify that the data in this report is accurate and reflects the proper operation of this unit.

	Date	Tester	Signature	Tester No	Passed	Failed
Initial Test	3-1-21	Cory Sandlin	Cory Sandlin	2717058603	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Repairs					<input type="checkbox"/>	<input type="checkbox"/>
Final Test					<input type="checkbox"/>	<input type="checkbox"/>

Tag

Back Flow Prevention

Device

Annual Inspection

INSPECTION DATE 3/1/21

TYPE OF DEVICE RPZ

MFG. BY: Watts 3/4"

MODEL # 909

SERIAL # 454515

75psi

PASSED



FAILED



① 9.0

② 4.2

③ 1.8

I HEREBY CERTIFY THAT THIS DEVICE HAS BEEN

TESTED PER STATE AND LOCAL REGULATIONS.

NAME

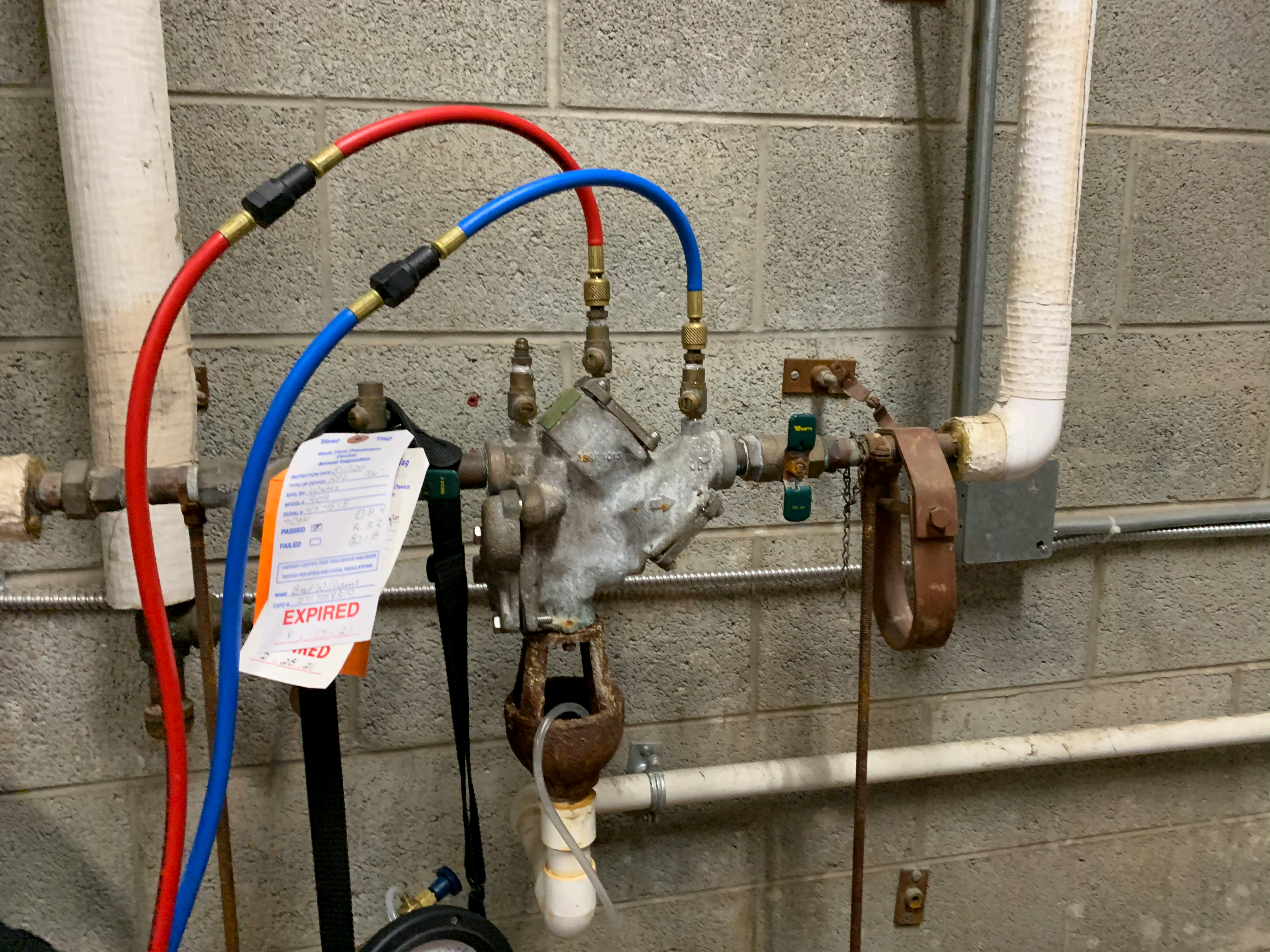
Cory Sandlin

CARD #

2717058603

EXPIRED

3 / 1 / 22



Fixed

Back Flow Prevention Device

Annual Inspection

INSPECTION DATE: 8/17/21

TYPE OF DEVICE: B100

APPL BY: J.C.

MODEL #: 100

SERIAL #: 089

PASSED: ☒

FAILED: ☐

I HEREBY CERTIFY THAT THIS DEVICE HAS BEEN TESTED PER CODE AND LOCAL REGULATIONS.

NAME: J.C.

CARD #: 271000000

EXPIRED

8/17/21

MED