

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: VA011

Date of Visit: 3-1-81

Contractor Personnel on Site:

1. Cory Sandlin

4. _____

5. _____

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: Cony Sandlin Date: 3-1-21

Signed: Cory Sanderson

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斯 Date: 3-1-21

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: 2 3/4"

Model: 909

Serial NO: 454515

Installed Correctly: YES NO

Test Gauge Manufacturer: Mid-West

Gauge Serial NO: 984328

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"/> Diaphragm <input type="checkbox"/> RV 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	<u>Cory Sandlin</u>	<u>Cory Sandlin</u>	<u>2717058603</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Repairs						
Final Test						

Note results below

Tag

Back Flow Prevention
Device
Annual Inspection

INSPECTION DATE 3/1/21

TYPE OF DEVICE RP2

MFG. BY: Watts 3/4"

MODEL # 909

SERIAL # 454515

75psi

9.0

4.2

1.8

PASSED

FAILED

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

NAME Corry Sundin

CARD # 2717058603

EXPIRED

3/1/22

