

**CERTIFICATION OF WORK  
SERVICE CALL**

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

Facility Building: VA 099 Date of Visit: \_\_\_\_\_

Contractor Personnel on Site:

1. Mark Younger
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Service Call Number**

CSS# \_\_\_\_\_ WO# 16314

**Description of Repairs**

TESTING of 3" and 1 3/4" backflows

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Mark Younger Date: 2-14-2022

Signed: Mark Younger

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: Ben Parrish 165-09 Date: 14 FEB 22

Signed: Ben Parrish

E-Mail: benjamin.j.parrish.civ@army.mil



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Billing Address	Site Address
<b>Customer:</b> TIDEWATER, INC <b>Address:</b> 6625 SELNICK DRIVE <b>Phone:</b> ELKRIDGE MD 21075 614-623-9569	<b>Customer:</b> USARC VA099 BEDFORD <b>Address:</b> 1117 HARMONY LANE <b>Phone:</b> BEDFORD VA 24523 410-688-0142
<b>Service Call #:</b> COM0172706	<b>Call Type:</b> COM-PLMB

Service Requested
PO: 16314 NTE: \$450 ETA: BY END OF FEB SEV: HIGH
It is time for the annual backflow inspections We would like to schedule starting February 8th. Please ask your plumber to update Manufacturer/ Model Number/Serial Number while onsite.
***2 DEVICES ON SITE**** 3 INCH & 1 INCH

Problems					
Description	Tech	Equip. Desc and Model	Manufacturer	Equip. Serial	Asset ID
BACKFLOW TEST	MARKYOUNGE				

Tech Notes
Tech: Mark Younger, Date: 2/14/22 5:54 PM - Drove to site location. Tested two devices onsite. Both units passed Complete
Wilkins 3" backflow device Model 375AST Serial # 852C
Apollo 3/4" Backflow device Model RP4-A Serial# 485765

Labor			
Date	Technician	Description	Hours
2/14/2022	Mark Younger	COMMERCIAL TRAVEL TIME	0.50
2/14/2022	Mark Younger	REGULAR PLUMBING LABOR	1.50

Materials			
Date	Part Number	Description	Quantity
2/14/2022	CMISCX-A1 INITIAL BACKFLOW	A1 INITIAL BACKFLOW TEST	1.000
2/14/2022	CMISCX-A1 ADDL BACKFLOW TEST	A1 ADDL BACKFLOW TEST	1.000

Signed By		Signature		Date	

# BEDFORD REGIONAL WATER AUTHORITY

## TEST AND MAINTENANCE REPORT

CUSTOMER: Tidewater Inc. USARC BEDFORD VA099

STREET ADDRESS: 1117 Harmony Lane Bedford, VA 24523

MAILING ADDRESS: \_\_\_\_\_

ASSEMBLY LOCATION: Mechanical Room

TYPE OF ASSEMBLY: RP  DCVA  PVB  SVB  SIZE: 3/4"

MANUFACTURER: Apollo MODEL: RP4-A SERIAL NO: 485765

GAUGE MANUF: Mid-West SERIAL NO: 10121053 DATE CALIBRATED: 06/17/2021

Check Valve #1	Relief Valve	Check Valve #2	PVB or SVB
<input type="checkbox"/> leaked or <input checked="" type="checkbox"/> closed tight differential pressure across check valve <u>7.8</u> psi	Opened at: <u>3.4</u> psi <input type="checkbox"/> or did not open <input type="checkbox"/> <b>Outlet shut-off valve:</b> <input type="checkbox"/> leaked <input type="checkbox"/> closed tight	<input type="checkbox"/> leaked or <input checked="" type="checkbox"/> closed tight <b>OPTIONAL TEST</b> Differential pressure across check valve <u>2.0</u> psi	<b>Air Inlet:</b> did not open <input type="checkbox"/> or opened at _____ psi <b>Check Valve:</b> leaked <input type="checkbox"/> or held at _____ psi
Replaced:	Replaced:	Replaced:	Replaced:
Rubber parts kit <input type="checkbox"/> CV assembly kit <input type="checkbox"/> Seat Kit <input type="checkbox"/> Other <input type="checkbox"/>  or <input type="checkbox"/> CV cleaned only	RV Rubber kit <input type="checkbox"/> RV assembly kit <input type="checkbox"/> Seat Kit <input type="checkbox"/> Other <input type="checkbox"/>  or <input type="checkbox"/> RV cleaned only	Rubber parts kit <input type="checkbox"/> CV assembly kit <input type="checkbox"/> Seat Kit <input type="checkbox"/> Other <input type="checkbox"/>  or <input type="checkbox"/> CV cleaned only	Rubber parts kit <input type="checkbox"/> CV assembly <input type="checkbox"/> Air inlet valve <input type="checkbox"/> Other <input type="checkbox"/>  or <input type="checkbox"/> Cleaned only
Differential pressure across check valve _____ psi	Relief valve opened at _____ psi	<input type="checkbox"/> leaked or <input type="checkbox"/> closed tight	Air inlet _____ psi Check valve _____ psi

**NOTE: All repairs shall be completed within five (5) working days.**

REMARKS: \_\_\_\_\_

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Mark Younger CERT. No: 2717057690 DATE: 02/14/2022

ASSEMBLY RE-CERT Due Date: 02/14/2023 TIME: 9:30 A.M.

This Assembly:  **PASSED**  **FAILED** Signature: Mark Younger

# BEDFORD REGIONAL WATER AUTHORITY

## TEST AND MAINTENANCE REPORT

CUSTOMER: Tidewater Inc. USARC BEDFORD VA099

STREET ADDRESS: 1117 Harmony Lane Bedford, VA 24523

MAILING ADDRESS: \_\_\_\_\_

ASSEMBLY LOCATION: Mechanical Room

TYPE OF ASSEMBLY: RP  DCVA  PVB  SVB  SIZE: 3"

MANUFACTURER: Wilkins MODEL: 375AST SERIAL NO: 852C

GAUGE MANUF: Mid-West SERIAL NO: 10121053 DATE CALIBRATED: 06/17/2021

Check Valve #1	Relief Valve	Check Valve #2	PVB or SVB
<input type="checkbox"/> leaked or <input checked="" type="checkbox"/> closed tight differential pressure across check valve <u>6.2</u> psi	Opened at: <u>2.4</u> psi <input type="checkbox"/> or did not open <input type="checkbox"/> <b>Outlet shut-off valve:</b> <input type="checkbox"/> leaked <input type="checkbox"/> closed tight	<input type="checkbox"/> leaked or <input checked="" type="checkbox"/> closed tight <b>OPTIONAL TEST</b> Differential pressure across check valve <u>2.2</u> psi	<b>Air Inlet:</b> did not open <input type="checkbox"/> or opened at _____ psi <b>Check Valve:</b> leaked <input type="checkbox"/> or held at _____ psi
Replaced:	Replaced:	Replaced:	Replaced:
Rubber parts kit <input type="checkbox"/> CV assembly kit <input type="checkbox"/> Seat Kit <input type="checkbox"/> Other <input type="checkbox"/>  or <input type="checkbox"/> CV cleaned only	RV Rubber kit <input type="checkbox"/> RV assembly kit <input type="checkbox"/> Seat Kit <input type="checkbox"/> Other <input type="checkbox"/>  or <input type="checkbox"/> RV cleaned only	Rubber parts kit <input type="checkbox"/> CV assembly kit <input type="checkbox"/> Seat Kit <input type="checkbox"/> Other <input type="checkbox"/>  or <input type="checkbox"/> CV cleaned only	Rubber parts kit <input type="checkbox"/> CV assembly <input type="checkbox"/> Air inlet valve <input type="checkbox"/> Other <input type="checkbox"/>  or <input type="checkbox"/> Cleaned only
Differential pressure across check valve _____ psi	Relief valve opened at _____ psi	<input type="checkbox"/> leaked or <input type="checkbox"/> closed tight	Air inlet _____ psi Check valve _____ psi

**NOTE: All repairs shall be completed within five (5) working days.**

REMARKS: \_\_\_\_\_

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