

SERVICE REPORT

CUSTOMER P.O. NO. VA-Geroge Grant

SERVICE REQUESTED 2019 Backflow inspection at 9:00 fill out COW and backflow forms no CSS per POC George Grant

Manufacture: <i>Watts</i>				
Model#: <i>RPZMOD909</i>				
Serial#: <i>269642 2 INCH</i>				
Refrigerant Added:	Qty	lb	oz	TYPE
Refrigerant Removed:	Qty	lb	oz	TYPE

☐ Leak Tested

☐ Leak Found

☐ Leak Repaired

Method: _____

Total Charge: _____

Arrived on site, checked in with customer. checked and tested all 3 back flows main bldg tested ok motor pool failed needs replaced valve 2 did not shut off

NATURE OF WORK

Regular Service _____

Quoted Service _____

Start-up/Warranty _____

SPD _____

Contract Service _____

Energy Management _____

[illegible][illegible]

JOB COMPLETE YES X NO _____ EXPLAIN _____

SIGNATURE _____

Customer Representative

RETURN THIS TEST FORM TO:

West Virginia American Water

Fax: 304-340-2071 Contact Phone: 304-340-2070 Email: wvccn@amwater.com

Mail: Cross Connection Department, West Virginia American Water, 1600 Pennsylvania Ave, Charleston, WV 25302

Account No.	Premise No.
LOCATION INFORMATION	DEVICE INFORMATION
Service For: <i>USARC - Beaver WV002</i>	Type of Assembly: <i>Backflow Preventers</i>
Address: <i>201 Industrial Park Road</i>	Serial : <i>270508 2 INCH</i> Size:
<i>Beaver, WV 25813</i>	MFG/Model No: <i>Watts RPZMOD909</i>
Type of Service: Domestic <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Irrigation <input type="checkbox"/>	Water Meter No.
Location of Device: <i>boiler room</i>	Isolation <input type="checkbox"/> Containment <input checked="" type="checkbox"/>
New Assembly <input type="checkbox"/> Replaces Serial No:	

TEST MEASUREMENTS

	DC	RP	PVB/SVB
	Check Valve #1	Check Valve #2	Pressure Diff. Relief Valve
Initial			
Date: _____	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID
Time: _____	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>
Line Pressure: _____	Leaked <input type="checkbox"/>	#2 Shut Off Valve Closed Tight? Yes <input type="checkbox"/> No <input type="checkbox"/>	Check Valve Held _____ PSID
Final			
Date: <i>4-15-20</i>	Held at <i>8.2</i> PSID	Held at _____ PSID	Opened at _____ PSID
Time: <i>900</i>	Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>
Line Pressure: <i>90</i>	Leaked <input type="checkbox"/>	#2 Shut Off Valve Closed Tight? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Check Valve Held _____ PSID

AIR GAP Measured vertical inches above overflow rim _____ Supply size diameter _____

COMMENTS (including maintenance performed)

TESTER INFORMATION

Initial	Tester Name <i>James Starcher</i>		Company <i>Casto Technical Services</i>	
	Signature <i>James Starcher</i>		Certified Tester No.: <i>WVOP30542</i>	
	Testing Equipment Calibration Date: <i>8-6-19</i>		PASS <input checked="" type="checkbox"/>	
	Testing Equipment Serial Number: <i>04142663</i>		FAIL <input type="checkbox"/>	
Final	Tester Name		Company	
	Signature		Certified Tester No.:	
	Testing Equipment Calibration Date:		PASS <input type="checkbox"/>	
	Testing Equipment Serial Number:		FAIL <input type="checkbox"/>	

Want to save a stamp? Send your completed form electronically to wvccn@amwater.com.

BACKFLOW TEST FORM - TO BE COMPLETED BY A QUALIFIED TESTER

The above report is certified to be true at the time of the test.

RETURN THIS TEST FORM TO:

West Virginia American Water

Fax: 304-340-2071 Contact Phone: 304-340-2070 Email: wvccn@amwater.com

Mail: Cross Connection Department, West Virginia American Water, 1600 Pennsylvania Ave, Charleston, WV 25302

Account No.	Premise No.
LOCATION INFORMATION	DEVICE INFORMATION
Service For: <i>USARC - Beaver WV002</i>	Type of Assembly: <i>Backflow Preventers</i>
Address: <i>201 Industrial Park Road</i>	Serial : <i>310154 1 INCH</i> Size:
<i>Beaver, WV 25813</i>	MFG/Model No: <i>Watts RPZMOD909</i>
Type of Service: Domestic <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Irrigation <input type="checkbox"/>	Water Meter No.
Location of Device: <i>boiler room</i>	Isolation <input checked="" type="checkbox"/> Containment <input type="checkbox"/>
New Assembly <input type="checkbox"/> Replaces Serial No:	

TEST MEASUREMENTS

	DC	RP	PVB/SVB
	Check Valve #1	Check Valve #2	Pressure Diff. Relief Valve
Initial			
Date: _____	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID
Time: _____	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>
Line Pressure: _____	Leaked <input type="checkbox"/>	#2 Shut Off Valve Closed Tight? Yes <input type="checkbox"/> No <input type="checkbox"/>	Check Valve Held _____ PSID
Final			
Date: <i>4-15-19</i>	Held at <i>8.0</i> PSID	Held at _____ PSID	Opened at _____ PSID
Time: <i>1000</i>	Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>
Line Pressure: <i>90</i>	Leaked <input type="checkbox"/>	#2 Shut Off Valve Closed Tight? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Check Valve Held _____ PSID

AIR GAP Measured vertical inches above overflow rim _____ Supply size diameter _____

COMMENTS (including maintenance performed)

TESTER INFORMATION

Initial	Tester Name <i>James Starcher</i>	Company <i>Casto Technical Services</i>
	Signature 	Certified Tester No.: <i>WVOP30542</i>
	Testing Equipment Calibration Date: <i>8-6-19</i>	PASS <input checked="" type="checkbox"/>
	Testing Equipment Serial Number: <i>04142663</i>	FAIL <input type="checkbox"/>
Final	Tester Name	Company
	Signature	Certified Tester No.:
	Testing Equipment Calibration Date:	PASS <input type="checkbox"/>
	Testing Equipment Serial Number:	FAIL <input type="checkbox"/>

Want to save a stamp? Send your completed form electronically to wvccn@amwater.com.

BACKFLOW TEST FORM - TO BE COMPLETED BY A QUALIFIED TESTER

The above report is certified to be true at the time of the test.

RETURN THIS TEST FORM TO:

West Virginia American Water

Fax: 304-340-2071 Contact Phone: 304-340-2070 Email: wvccn@amwater.com

Mail: Cross Connection Department, West Virginia American Water, 1600 Pennsylvania Ave, Charleston, WV 25302

Account No.	Premise No.
LOCATION INFORMATION	DEVICE INFORMATION
Service For: <i>USARC - Beaver WV002</i>	Type of Assembly: <i>Backflow Preventers</i>
Address: <i>201 Industrial Park Road</i>	Serial : <i>269642 2 INCH</i> Size:
<i>Beaver, WV 25813</i>	MFG/Model No: <i>Watts RPZMOD909</i>
Type of Service: Domestic <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Irrigation <input type="checkbox"/>	Water Meter No.
Location of Device: <i>motor pool</i>	Isolation <input type="checkbox"/> Containment <input checked="" type="checkbox"/>
New Assembly <input type="checkbox"/> Replaces Serial No:	

TEST MEASUREMENTS

	DC	RP	PVB/SVB
	Check Valve #1	Check Valve #2	Pressure Diff. Relief Valve
Initial			
Date: _____	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID
Time: _____	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>
Line Pressure: _____	Leaked <input type="checkbox"/>	#2 Shut Off Valve Closed Tight? Yes <input type="checkbox"/> No <input type="checkbox"/>	Check Valve Held _____ PSID
Final			
Date: <i>4-15-20</i>	Held at <i>8</i> _____ PSID	Held at _____ PSID	Opened at _____ PSID
Time: <i>1100</i>	Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>
Line Pressure: <i>90</i>	Leaked <input type="checkbox"/>	#2 Shut Off Valve Closed Tight? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Check Valve Held _____ PSID

AIR GAP Measured vertical inches above overflow rim _____ Supply size diameter _____

COMMENTS (including maintenance performed)
shut off valve 2 stuck mid position

TESTER INFORMATION

Initial	Tester Name <i>James Starcher</i>		Company <i>Casto Technical Services</i>	
	Signature <i>James Starcher</i>		Certified Tester No.: <i>WVOP30542</i>	
	Testing Equipment Calibration Date: <i>8-6-19</i>		PASS <input type="checkbox"/>	
	Testing Equipment Serial Number: <i>04142663</i>		FAIL <input checked="" type="checkbox"/>	
Final	Tester Name		Company	
	Signature		Certified Tester No.:	
	Testing Equipment Calibration Date:		PASS <input type="checkbox"/>	
	Testing Equipment Serial Number:		FAIL <input type="checkbox"/>	

Want to save a stamp? Send your completed form electronically to wvccn@amwater.com.

BACKFLOW TEST FORM - TO BE COMPLETED BY A QUALIFIED TESTER

The above report is certified to be true at the time of the test.