

SERVICE REPORT

CUSTOMER P.O. NO. VA-George Grant

☐ Leak Tested

☐ Leak Found

☐ Leak Repaired

Method: _____

Total Charge: _____

NATURE OF WORK

Regular Service _____

Quoted Service _____

Start-up/Warranty _____

SPD _____

Contract Service _____

Energy Management _____

[illegible][illegible]

SIGNATURE _____
Customer Representative

CERTIFICATION OF WORK

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

FACID/Building: USARC Date of Visit: 4/15/2019

Contractor Personnel on Site:

1. James Starcher 2. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO# 157838

Service Calls – Service Call Number and Description

1. CSS# _____
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: James Starcher Date: 4/15/2019

Signed: 

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: thelma gallimore Date: 4/15/2019

Signed: 

E-Mail: _____

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 -Bluefield WV005</i>	Type of Assembly: <i>Backflow Preventers</i>
Address: <i>532 Cumberland Road</i>	Serial : <i>05468</i> Size: <i>3 inch</i>
<i>Bluefield, WV 24701-0532</i>	MFG/Model No: <i>Watts</i> <i>009 RP 3 INCH</i>
Type of Service: Domestic <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Irrigation <input type="checkbox"/>	Water Meter No.
Location of Device:	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: <i>4-15-19</i> Time: <i>130</i> Line Pressure: <i>90</i>	Held at <i>7</i> PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> #2 Shut Off Valve Closed Tight? Yes <input type="checkbox"/> No <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/> Check Valve Held _____ PSID
Final Date: _____ Time: _____ Line Pressure: _____	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> #2 Shut Off Valve Closed Tight? Yes <input type="checkbox"/> No <input type="checkbox"/>	Opened at _____ PSID Did Not Open <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>[Signature]</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.