

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

FACID/Building: USARC Date of Visit: 4/17/2019

Contractor Personnel on Site:

1. James Starcher 2. _____

Work Performed:

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

1. WO# 157887

Service Calls – Service Call Number and Description

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

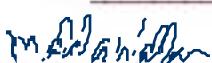
CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: James Starcher Date: 4/17/2019
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: michael a wallace Date: 4/17/2019
Signed: 

E-Mail: _____

RETURN THIS TEST FORM TO:
West Virginia American Water

Fax: 304-340-2071 Contact Phone: 304-340-2070 Email: wvcen@amwater.com
 Mail: Cross Connection Department, West Virginia American Water, 1600 Pennsylvania Ave, Charleston, WV 25302

Account No.	Premise No.
LOCATION INFORMATION	
Service For: USARC - Cross Lanes WV006	
Address: 101 Lakeview Drive	
Cross Lanes, WV 25313-1485	
Type of Service: Domestic <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Irrigation <input type="checkbox"/>	MFG/Model No: Apollo RPLF4AN
Water Meter No.	
Location of Device: boiler room main bldg	
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	Air Inlet
Initial Date: <u>4-17-19</u> Time: <u>830</u> Line Pressure: <u>110</u>	Held at <u>7.6</u> PSID Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ PSID Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/> #2 Shut Off Valve Closed Tight? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Opened at <u>2.6</u> PSID Did Not Open <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"/>	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 <u>James Starcher</u>	Company <u>Casto Technical Services</u>
	Signature 	Certified Tester No.: <u>WVOP3042</u>
	Testing Equipment Calibration Date: <u>8-6-19</u>	PASS <input checked="" type="checkbox"/> FAIL <input type="checkbox"/>
	Testing Equipment Serial Number: <u>04142663</u>	
Final	Tester Name	Company
	Signature	Certified Tester No.:
	Testing Equipment Calibration Date:	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
	Testing Equipment Serial Number:	

Want to save a stamp? Send your completed form electronically to wvcen@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.

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Account No.	Premise No.
LOCATION INFORMATION	
Service For: USARC - Cross Lanes WV006	Type of Assembly: Backflow Preventers
Address: 101 Lakeview Drive	Serial : KC-0400 Size:
Cross Lanes, WV 25313-1485	
MFG/Model No: Acme	COLT 300 6"
Type of Service: Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation <input type="checkbox"/>	Water Meter No.
Location of Device: boiler room fire line	
Isolation <input 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	Air Inlet
Initial 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"/>	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"/>	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	Company
	<i>Casto Technical Services</i>	
	Signature	Certified Tester No.:
	Testing Equipment Calibration Date: _____	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
Testing Equipment Serial Number: _____		
Final	Tester Name	Company
	Signature	Certified Tester No.:
	Testing Equipment Calibration Date: _____	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
Testing Equipment Serial Number: _____		

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Account No.	Premise No.
LOCATION INFORMATION	
Service For: USARC - Cross Lanes WV006	
Address: 101 Lakeview Drive	
Cross Lanes, WV 25313-1485	
Type of Service: Domestic <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/>	MFG/Model No: Ames 909 OTRPZ
Water Meter No.	
Location of Device: Boiler Room Fire Line	
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: <u>4-17-19</u> Time: <u>1000</u> Line Pressure: <u>100</u>	Held at <u>2</u> PSID Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Held at <u>1.8</u> PSID Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/> #2 Shut Off Valve Closed Tight? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Opened at _____ PSID Did Not Open <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"/>	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 <u>James Starcher</u>	Company <u>Casto Technical Services</u>
	Signature 	Certified Tester No.: <u>WVOP30542</u>
	Testing Equipment Calibration Date: <u>8-6-19</u>	PASS <input checked="" type="checkbox"/> FAIL <input type="checkbox"/>
	Testing Equipment Serial Number: <u>04142663</u>	
Final	Tester Name	Company
	Signature	Certified Tester No.:
	Testing Equipment Calibration Date:	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
	Testing Equipment Serial Number:	

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