

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: 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 - Cross Lanes WV006</i>	Type of Assembly: <i>Backflow Preventers</i>
Address: <i>101 Lakeview Drive</i>	Serial : <i>59549</i> Size: <i>3"</i>
<i>Cross Lanes, WV 25313-1485</i>	MFG/Model No: <i>Apollo</i> <i>RPLF4AN</i>
Type of Service: Domestic <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Irrigation <input type="checkbox"/>	Water Meter No.
Location of Device: <i>bioler room main bldg</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: <i>4-17-19</i> Time: <i>830</i> Line Pressure: <i>110</i>	Held at <i>7.6</i> 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 <i>2.6</i> PSID Did Not Open <input type="checkbox"/>	Air Inlet 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"/> #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 <i>James Starcher</i>	Company <i>Casto Technical Services</i>
	Signature 	Certified Tester No.: <i>WVOP3042</i>
	Testing Equipment Calibration Date: <i>8-6-19</i>	PASS <input checked="" type="checkbox"/> FAIL <input type="checkbox"/>
	Testing Equipment Serial Number: <i>04142663</i>	
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 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.

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Account No.	Premise No.
LOCATION INFORMATION	DEVICE INFORMATION
Service For: <i>USARC - Cross Lanes WV006</i>	Type of Assembly: <i>Backflow Preventers</i>
Address: <i>101 Lakeview Drive</i>	Serial : <i>KC-0400</i> Size:
<i>Cross Lanes, WV 25313-1485</i>	MFG/Model No: <i>Acme</i> <i>COLT 300</i> <i>6"</i>
Type of Service: Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation <input type="checkbox"/>	Water Meter No.
Location of Device: <i>boiler room fire line</i>	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
Initial			
Date: _____	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID
Time: _____	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>
Line Pressure: _____	#2 Shut Off Valve Closed Tight? Yes <input type="checkbox"/> No <input type="checkbox"/>	#2 Shut Off Valve Closed Tight? Yes <input type="checkbox"/> No <input type="checkbox"/>	Check Valve Held _____ PSID
Final			
Date: _____	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID
Time: _____	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>
Line Pressure: _____	#2 Shut Off Valve Closed Tight? Yes <input type="checkbox"/> No <input type="checkbox"/>	#2 Shut Off Valve Closed Tight? Yes <input 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	Company
	Signature	Certified Tester No.:
	Testing Equipment Calibration Date: _____	PASS <input type="checkbox"/>
	Testing Equipment Serial Number: _____	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"/>

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Account No.	Premise No.
LOCATION INFORMATION	DEVICE INFORMATION
Service For: <i>USARC - Cross Lanes WV006</i>	Type of Assembly: <i>Backflow Preventers</i>
Address: <i>101 Lakeview Drive</i>	Serial : <i>52577</i> Size: <i>3/4"</i>
<i>Cross Lanes, WV 25313-1485</i>	MFG/Model No: <i>Ames</i> <i>909 OTRPZ</i>
Type of Service: Domestic <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/>	Water Meter No.
Location of Device: <i>Boiler Room Fire Line</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: <i>4-17-19</i> Time: <i>1000</i> Line Pressure: <i>100</i>	Held at <i>2</i> PSID Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Held at <i>1.8</i> 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"/> 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>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"/>	

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