Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: USARC WV007 **Address:** 100 MILITARY DR. CHARLESTON WV
Contact Person: SGT. MUNOZ **Phone No.** 910-598-0262

Assembly Information

Make: WILKENS
Model: 975
Size: 1"
Serial Number: W042847

Installation Information

Containment (Isolation)

Meter Pit | Basement | Floor Number: ____
Penthouse | Boiler Room | Room Number: ____
Mechanical Room | Protection Provided: ____

Double Check Assembly

Initial Test	Outlet Valve		Pass Fail
	1st Check Valve	___psid	Pass Fail
Date 15APR19	2nd Check Valve	___psid	Pass Fail

Reduced Pressure Assembly

1st Check Valve	8.4 psid	(Pass) Fail
Relief Valve Opening Point	2.7 psid	(Pass) Fail
2nd Check Valve		(Pass) Fail
Outlet Valve	(Pass)	Fail

Pressure Vacuum Breaker

Air Inlet Valve	___ psig	Pass Fail
Check Valve	___ psig	Pass Fail

Repairs & Materials Used	

Double Check Assembly

Re-Test After Repairs	Outlet Valve		Pass Fail
	1st Check Valve	___psid	Pass Fail
Date _____	2nd Check Valve	___psid	Pass Fail

Reduced Pressure Assembly

1st Check Valve	____ psid	Pass Fail
Relief Valve Opening Point	____ psid	Pass Fail
2nd Check Valve		Pass Fail
Outlet Valve	Pass	Fail

Pressure Vacuum Breaker

Air Inlet Valve	___ psig	Pass Fail
Check Valve	___ psig	Pass Fail

TESTER CERTIFICATION: *I certify that the above data is correct and that the backflow prevention device is in proper working condition.*

Tester Name (Printed) GEORGE E. GRANT Signature
Phone 304-663-8670 Company Name E.S.G. WV Cert. No. 32814 Date 15APR19

FACILITY CERTIFICATION: *I hereby certify that the above backflow prevention device has been in constant use at this location during the entire prescribed interval between test periods and during that period this device was not bypassed, made inoperative or removed without proper authorization. I further certify that I have the authority and responsibility to ensure the above.*

Owner/Officer (Printed) Jovanny Muñoz Signature Phone No. 910-598-0262
Title: SG Date 4-15-2019

Return White Copy With $_____ fee to:

Phone
Fax:

Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: USARC WV007 **Address:** 100 MILITARY DR. CHARLESTON WV
Contact Person: SGT. MUNOZ **Phone No.** 910-598-0262

Assembly Information

Make: WATTS
Model: 909
Size: 3"
Serial Number: 184384

Installation Information

(Containment) Isolation
Meter Pit
Penthouse
(Mechanical Room)
Basement
Boiler Room
Protection Provided: CONTAINMENT
Floor Number: 1
Room Number: MECH

Double Check Assembly

Initial Test	Outlet Valve		Pass / Fail
	1st Check Valve	___psid	Pass / Fail
Date 15APR19	2nd Check Valve	___psid	Pass / Fail

Reduced Pressure Assembly

1st Check Valve	7.8 psid	(Pass) / Fail
Relief Valve Opening Point	3.2 psid	(Pass) / Fail
2nd Check Valve		(Pass) / Fail
Outlet Valve	(Pass)	Fail

Pressure Vacuum Breaker

Air Inlet Valve	___ psig	Pass / Fail
Check Valve	___ psig	Pass / Fail

Repairs & Materials Used	

Double Check Assembly

Re-Test After Repairs	Outlet Valve		Pass / Fail
	1st Check Valve	___psid	Pass / Fail
Date _____	2nd Check Valve	___psid	Pass / Fail

Reduced Pressure Assembly

1st Check Valve	____ psid	Pass / Fail
Relief Valve Opening Point	____ psid	Pass / Fail
2nd Check Valve		Pass / Fail
Outlet Valve	Pass	Fail

Pressure Vacuum Breaker

Air Inlet Valve	___ psig	Pass / Fail
Check Valve	___ psig	Pass / Fail

TESTER CERTIFICATION: *I certify that the above data is correct and that the backflow prevention device is in proper working condition.*

Tester Name (Printed) GEORGE E. GRANT **Signature** Geo. E. G-
Phone 304-663-8670 **Company Name** I.S.G. **WV Cert. No.** 32814 **Date** 15APR19

FACILITY CERTIFICATION: *I hereby certify that the above backflow prevention device has been in constant use at this location during the entire prescribed interval between test periods and during that period this device was not bypassed, made inoperative or removed without proper authorization. I further certify that I have the authority and responsibility to ensure the above.*

Owner/Officer (Printed) Sonny Muñoz **Signature** _____ **Phone No.** 910-598-0262
Title: SG **Date:** 4-15-2019

Return White Copy With $_____ fee to:

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Fax:

Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: USARC WV007 **Address:** 100 MILITARY DR, CHARLESTON WV,
Contact Person: SGT. MUNOZ **Phone No.** 910-598-0262

Assembly Information

Make: WILKENS
Model: 975
Size: 1"
Serial Number: W042928

Installation Information

Containment (Isolation)
Meter Pit
Penthouse
(Mechanical Room)
Basement
Boiler Room
Protection Provided: ISOLATION
Floor Number: 1
Room Number: MECH

Double Check Assembly

Initial Test	Outlet Valve		Pass Fail
	1st Check Valve	___psid	Pass Fail
Date 15APR19	2nd Check Valve	___psid	Pass Fail

Reduced Pressure Assembly

1st Check Valve	7.8 psid	(Pass) Fail
Relief Valve Opening Point	3.3 psid	(Pass) Fail
2nd Check Valve		(Pass) Fail
Outlet Valve	(Pass)	Fail

Pressure Vacuum Breaker

Air Inlet Valve	___ psig	Pass Fail
Check Valve	___ psig	Pass Fail

Repairs & Materials Used	

Double Check Assembly

Re-Test After Repairs	Outlet Valve		Pass Fail
	1st Check Valve	___psid	Pass Fail
Date _____	2nd Check Valve	___psid	Pass Fail

Reduced Pressure Assembly

1st Check Valve	____ psid	Pass Fail
Relief Valve Opening Point	____ psid	Pass Fail
2nd Check Valve		Pass Fail
Outlet Valve	Pass	Fail

Pressure Vacuum Breaker

Air Inlet Valve	___ psig	Pass Fail
Check Valve	___ psig	Pass Fail

TESTER CERTIFICATION: *I certify that the above data is correct and that the backflow prevention device is in proper working condition*

Tester Name (Printed) GEORGE E. GRANT **Signature** Geo. E. G
Phone 304-663-8670 **Company Name** I.S.G. **WV Cert. No.** 5284 **Date** 15APR19

FACILITY CERTIFICATION: *I hereby certify that the above backflow prevention device has been in constant use at this location during the entire prescribed interval between test periods and during that period this device was not bypassed, made inoperative or removed without proper authorization. I further certify that I have the authority and responsibility to ensure the above.*

Owner/Officer (Printed) Jovanny Muñoz **Signature** **Phone No** 910-598-0262
Title: SG **Date** 4-15-2019

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

FACID/Building: WV007 Date of Visit: 15APR19

Contractor Personnel on Site:

1. GEORGE E. GRANT 2. _____

Work Performed:

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

1. WO# _____

Service Calls – Service Call Number and Description

1. ~~CSS#~~ TEST & CERTIFY BFP's (3) _____
2. CSS# _____
3. CSS# _____

_Pictures are required (Before and After)

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: GEORGE E. GRANT Date: 15APR19

Signed: Geo. E. G—

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: Jovanny Muñoz / SGT Date: 4-15-2019

Signed: _____

E-Mail: jovanny.muñoz.mil@mail.mil