CERTIFICATION OF WORK

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

FACID/Building: NV230 Date of Visit: 04APR19

Contractor Personnel on Site:

1. GEORGE E. GRANT 3. _____

Work Performed:

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

1. WO# _____

Service Calls – Service Call Number and Description

1. CSS# BACKFLOW PREVENTER TESTING AND
2. CSS# CERTIFICATION (1) IN TRAINING BLDG.
3. CSS# (2) IN CMMS

Pictures are required (Before and After)

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: GEORGE E. GRANT Date: 04APR19

Signed: G. 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: Lahomme Fowler, GS9 Date: 20190404

Signed: Lahomme Fowler

E-Mail: lahomme.fowler.civ@mail.mil

Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: VSARC WV020 OMS **Address:** 7605 US HWY 19 N JANE LEW WV
Contact Person: LAHOMMA FOWLER **Phone No.** 910-598-9801

Assembly Information

Make: WATTS
Model: 909
Size: 3/4"
Serial Number: 569847

Installation Information

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

Double Check Assembly

Initial Test	Outlet Valve		Pass / Fail
	1st Check Valve	___psid	Pass / Fail
Date 04APR19	2nd Check Valve	___psid	Pass / Fail

Reduced Pressure Assembly

1st Check Valve	7.4 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.** 32814 **Date** 04APR19

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) Lahomma Fowler **Signature** Lahomma Fowler **Phone No.** 910-598-4804
Title: ARA **Date:** 20190404

Return White Copy With $_____ fee to:

Phone
Fax:

Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: USARC TRAINING BLDG WV030 **Address:** 7605 US HWY 19 N
Contact Person: LAHOMMA FOWLER **Phone No.** 800 910 598 4001
JANELEW WV

Assembly Information

Make: WATTS
Model: 909
Size: 2"
Serial Number: 307379

Installation Information

(Containment) Isolation

Meter Pit | Basement | Floor Number 1
Penthouse | Boiler Room | Room Number 111
(Mechanical Room) | Protection Provided CONTAINMENT

Double Check Assembly

Initial Test	Outlet Valve		Pass Fail
	1st Check Valve	___psid	Pass Fail
Date 04APR19	2nd Check Valve	___psid	Pass Fail

Reduced Pressure Assembly

1st Check Valve	6.9 psid	(Pass) Fail
Relief Valve Opening Point	3.1 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** George E. Grant
Phone 304 665 8660 **Company Name** I. S. G. **WV Cert. No.** 5284 **Date** 04APR19

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) Lahomma Fowler **Signature** Lahomma Fowler **Phone No.** 910 598 4001
Title: ARA **Date** 2/9/04/04

Return White Copy With $_____ fee to:

Phone
Fax:

Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: VSARC WV020 OMS
Contact Person: Lahomma Fowler

Address: [illegible] WV
Phone No: 910-[illegible]

Installation Information

Containment (circled) / Isolation

Meter Pit / Basement / Floor Number
Penthouse / Boiler Room (circled) / Room Number [illegible]
Mechanical Room / Protection Provided

Assembly Information

Make: WATTS
Model: 909
Size: 2"
Serial Number: 017725

Double Check Assembly

Initial Test	Outlet Valve		Pass Fail
	1st Check Valve	___psid	Pass Fail
Date: [illegible]	2nd Check Valve	___psid	Pass Fail

Reduced Pressure Assembly

1st Check Valve	8.2 psid	Pass (circled) Fail
Relief Valve Opening Point	3.3 psid	Pass (circled) Fail
2nd Check Valve		Pass (circled) Fail
Outlet Valve	Pass (circled)	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 [signature]
Phone 304-663-3620 Company Name I.S.G. WV Cert No [illegible] Date [illegible]

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) Lahomma Fowler Signature [signature] Phone No [illegible]
Title AEA Date [illegible]

Return White Copy With $______ fee to: Phone Fax