CERTIFICATION OF WORK

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

FACID/Building: WE028 Date of Visit: 16 APR 19

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 IN BLDG. 01
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: 16APR19

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: John Gallegos Date: 20190416

Signed:

E-Mail: _____

Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: NV022USARC-01 **Address:** 504 N. PRESTON HWY KINGWOOD NV
Contact Person: JOHN GULLEGE **Phone No.** 304-329-1680

Assembly Information

Make: WATTS
Model: 909
Size: 2"
Serial Number: 902304 N/A

Installation Information

(Containment) Isolation

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

Double Check Assembly

Initial Test Date 16APR19	Outlet Valve		Pass Fail
	1st Check Valve	___psid	Pass Fail
	2nd Check Valve	___psid	Pass Fail

Reduced Pressure Assembly

1st Check Valve	7.6 psid	(Pass) Fail
Relief Valve Opening Point	3.4 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 Date _____	Outlet Valve		Pass Fail
	1st Check Valve	___psid	Pass Fail
	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 304-663-5670 **Company Name** I.S.G. **WV Cert. No.** 32814 **Date** 16APR19

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) JOHN GULLEDGE Signature _____ Phone No. _____
Title: _____ Date: _____

Return White Copy With $_____ fee to:

Phone
Fax:

Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: WV022-01 VSARC
Address: 504 N. PRESTON HWY KINGWOOD WV
Contact Person: JOHN GILLEGE
Phone No. 304-329-1680

Assembly Information

Make: EURN
Model: 975XL
Size: 1"
Serial Number: 4543231

Installation Information

Containment: Isolation

Meter Pit | Basement | Floor Number: 1
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 10/APR/19	2nd Check Valve	___psid	Pass / Fail

Reduced Pressure Assembly

1st Check Valve	8.2 psid	Pass / Fail
Relief Valve Opening Point	3.0 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 GEE Grant
Phone 304 463 0670 Company Name I. S. G. WV Cert. No. 32814 Date 10/APR/19

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) John Gillege Signature _____ Phone No. _____
Title _____ Date _____

Return White Copy With $_____ fee to:

Phone
Fax: