

Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name:
Contact Person:

USARC NW029 005
ADAM ROMESBURG

Address: 218 Comfort INN DR.
Phone No. 304-292-1608

Assembly Information

Make: NATIS
Model: 409
Size: 2"
Serial Number: 268000780

Installation Information

Meter Pit
Penthouse
Mechanical Room
Basement
Hoiler Room
Protection Provided
Isolation
Floor Number: 1
Room Number: MECH
CONTAINMENT

Double Check Assembly

Initial Test	Outlet Valve	Pass Fail
Date	1 st Check Valve	psid Pass Fail
	2 nd Check Valve	psid Pass Fail

Reduced Pressure Assembly

1 st Check Valve	6.6 psid	Pass Fail
Relief Valve Opening Point	3.0 psid	Pass Fail
2 nd 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

RELIEF AIRT DRIPPING

Double Check Assembly

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

Reduced Pressure Assembly

1 st Check Valve	psid	Pass Fail
Relief Valve Opening Point	psid	Pass Fail
2 nd 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
Phone 304-465-8670 Company Name I. S. G

Signature

WV Cert. No. 32814 Date 10/21/19

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) DINKINS CHARLES
Title: ABC/NEO

Signature

Phone No. 304-292-1608
Date: 20190410

Return White Copy With \$ fee to:

Phone
Fax:

CERTIFICATION OF WORK

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

Facility Building: WV029 Date of Visit: 10APR19

Contractor Personnel on Site:

1. George E. Grant
2. _____

Work Performed:

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

1. WCM _____

Service Calls - Service Call Number and Description

1. ~~ESS~~ TEST AND CERTIFY (2) BFP'S IN TRAINING BLDG
2. CSS# AND CMS SHOP
3. CSS#

Pictures are required (Before and After)

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: George E. Grant Date: 10APR19

Signed: Ge E. Grant

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: DANIEL CHARLES Sgt. Date: 20190410

Signed: [Signature]

E-Mail: _____

Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name:
Contact Person:

USARC WVOZ9 TRAINING
ADAM RONESEBORG

Address: 222 COMFORT INN DR.
Phone No. 304-292-1608

Assembly Information

Make: WATTS
Model: 909
Size: 2"
Serial Number: 270437

Installation Information

Isolation: Contaminant
Meter Pit: Basement
Penthouse: Basement
Mechanical Room: Basement
Protection Provided: CONFINEMENT

Double Check Assembly

Initial Test	Outlet Valve	Pass Fail
Date: <u>10 APR 19</u>	1 st Check Valve	Pass Fail
	2 nd Check Valve	Pass Fail
	3 rd Check Valve	Pass Fail

Reduced Pressure Assembly

1 st Check Valve	8.0 psid	Pass Fail
Relief Valve Opening Point	3.2 psid	Pass Fail
2 nd Check Valve		Pass Fail
Outlet Valve	Pass	Fail

Pressure Vacuum Breaker

Air Inlet Valve	psid	Pass Fail
Check Valve	psid	Pass Fail

Repairs & Materials Used

Double Check Assembly

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

Reduced Pressure Assembly

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

Pressure Vacuum Breaker

Air Inlet Valve	psid	Pass Fail
Check Valve	psid	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 304-663-870 Company Name J.S.G. WV Cert. No. 5817 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) Dennis Charles Signature Dennis Charles Phone No. 304-663-870
Title: NBC/UCO Date: 10 APR 19

Return White Copy With \$ _____ fee to:

Phone
Fax: