

STATE OF WEST VIRGINIA

Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: USARC - Morgantown WV029
 Contact Person: Jennifer Bailie

Address: 228 Comfort Inn Drive
 Phone No. (724) 544-5252

Assembly Information

Make: Watts
 Model: 909M1QT 2"
 Size: 2"
 Serial Number: 270456

Installation Information

Containment		Isolation
Meter Pit	Basement	Floor Number: _____
Penthouse	Boiler Room <input checked="" type="checkbox"/>	Room Number: _____
Mechanical Room	Protection Provided: _____	

Double Check Assembly

Initial Test	Outlet Valve		Pass	Fail
	1 st Check Valve	_____psid	Pass	Fail
	2 nd Check Valve	_____psid	Pass	Fail
Date <u>3-18-25</u>				

Reduced Pressure Assembly

1 st Check Valve	_____psid	Pass <input checked="" type="checkbox"/>	Fail
Relief Valve Opening Point	_____psid	Pass <input checked="" type="checkbox"/>	Fail
2 nd Check Valve		Pass <input checked="" type="checkbox"/>	Fail
Outlet Valve		Pass <input checked="" type="checkbox"/>	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
	1 st Check Valve	_____psid	Pass	Fail
	2 nd Check Valve	_____psid	Pass	Fail
Date _____				

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) Sam Fisher
 Company Name Casto Technical Services

Signature [Signature] Phone No. 3460549
 WV Tester Cert. No. WVOP34401 Date 3-18-25

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) DEREK JOHN MILLER
 Title: CRE NCOIC

Signature [Signature] Phone No. _____
 Date: 3-18-25

Return White Copy With \$ _____ fee to:

Phone
Fax: