

CASTO TECHNICAL SERVICES, INC.

SERVICE REPORT

DATE 4/16/19 ARRIVAL TIME 9:00am DEPARTURE TIME 11:00am JOB/TCK. NO. 157826

CUSTOMER P.O. NO. _____

JOB NAME/LOCATION USARC - New Martinsville WV031

SERVICE REQUESTED Backflow preventer testing and certifying POC George COW is needed. POC George

Manufacture:			
Model#:			
Serial#:			
Refrigerant Added:	Qty	lb	oz
Refrigerant Removed:	Qty	lb	oz

- Leak Tested
- Leak Found
- Leak Repaired

Method: _____

Total Charge: _____

WORK PERFORMED/UNIT INFO

I arrived onsite and checked in. I inspected and tested both backflow devices and found they passed. I filled out the forms and sent them to Eric.

NATURE OF WORK

Regular Service _____

Quoted Service _____

Start-up/Warranty _____

SPD _____

Contract Service _____

Energy Management _____

PARTS, MATERIALS AND SUBCONTRACTED SERVICES

SUMMARY OF TIME

JOB COMPLETE YES NO EXPLAIN _____

YES NO EXPLAIN _____

SIGNATURE 

Four small, irregular, light-colored shapes representing leaf fragments.

Customer Representative

STATE OF WEST VIRGINIA
Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: USARC - New Martinsville WV031
 Contact Person: Eric Ritchie

Address: 1370 North State Street Route 2
 Phone No. (740) 629-0749

Assembly Information

Make: Watts
 Model: 009M2 RP
 Size: 1.5"
 Serial Number: A39059

Installation Information

Containment		Isolation
Meter Pit	Basement	Floor Number: _____
Penthouse	Boiler Room	Room Number: _____
Mechanical Room	X	Protection Provided: <u>Motorpool</u>

Double Check Assembly

Initial Test	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	____ 8.8 psid	Pass <u>X</u> Fail
Relief Valve Opening Point	____ 2.6 psid	Pass <u>X</u> Fail
2 nd Check Valve		Pass <u>X</u> Fail
Outlet Valve	Pass <u>X</u>	Fail

Pressure Vacuum Breaker

Air Inlet Valve	____ psig	Pass Fail
Check Valve	____ psig	Pass Fail

Repairs & Materials Used	
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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) Jesse Biddle
 Company Name Casto Technical Services

Signature Q. Biddle
 WV Tester Cert. No. WVOP3110

Phone No. _____
 Date 4/16/19

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) Eric Ritchie
 Title: AFOS Signature E. Ritchie
 Phone No. 629-0749
 Date: 4/16/19

Return White Copy With \$ _____ fee to:

Phone
 Fax:

STATE OF WEST VIRGINIA
Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: USARC - New Martinsville WV031
 Contact Person: Eric Ritchie

Address: 1370 North State Street Route 2
 Phone No. (740) 629-0749

Assembly Information

Make: Watts
 Model: 009M2 RP
 Size: 2"
 Serial Number: A56105-2

Installation Information

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

Double Check Assembly

Initial Test	Outlet Valve		Pass Fail
	1 st Check Valve	<u> </u> psid	Pass Fail
	2 nd Check Valve	<u> </u> psid	Pass Fail
Date _____			

Reduced Pressure Assembly

1 st Check Valve	<u>9.2</u> psid	Pass <input checked="" type="checkbox"/> Fail
Relief Valve Opening Point	<u>3.5</u> 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	<u> </u> psig	Pass Fail
Check Valve	<u> </u> psig	Pass Fail

Repairs & Materials Used	
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Double Check Assembly

Re-Test After Repairs	Outlet Valve		Pass Fail
	1 st Check Valve	<u> </u> psid	Pass Fail
	2 nd Check Valve	<u> </u> psid	Pass Fail
Date _____			

Reduced Pressure Assembly

1 st Check Valve	<u> </u> psid	Pass Fail
Relief Valve Opening Point	<u> </u> psid	Pass Fail
2 nd Check Valve		Pass Fail
Outlet Valve	Pass	Fail

Pressure Vacuum Breaker

Air Inlet Valve	<u> </u> psig	Pass Fail
Check Valve	<u> </u> 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) Jesse Biddle
 Company Name Casto Technical Services

Signature
 WV Tester Cert. No. WVOP31110

Phone No. 4835241
 Date 4/16/19

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) Eric Ritchie
 Title: AFOS

Signature
 Date: 4/16/19

Phone No.
 Date: 4/16/19

Return White Copy With \$ _____ fee to:

Phone
 Fax:

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

FACID/Building: WV031 Date of Visit: 4/16/2019

Contractor Personnel on Site:

1. Jesse Biddle 2. _____

Work Performed:

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

1. WO# 157826

Service Calls – Service Call Number and Description

1. CSS# _____
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jesse Biddle Date: 4/16/2019

Signed: 

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: Eric Ritchie Date: 4/16/2019

Signed: 

E-Mail: _____