WV 043-01 WHEELING, WV
W.O. # 2336 ASSET #7200

Customer and Device Information

1. Customer name: US ARMY
2. Customer company
3. Customer address (number and street; city, state, and ZIP code): 25 Armory Drive Wheeling, WV 26003
4. Location of device (and address if different from customer)
5. Is the device a new assembly? ☐ Yes ☑ No
Replacing serial number
6. Type of service: ☑ Domestic ☐ Fire ☐ Irrigation
7. Type of assembly: ☑ RP ☐ DC ☐ PVB ☐ SVB ☐ Air Gap ☐ AVB — RP2
8. Type of protection: ☑ Isolation ☐ Containment
9. Serial number of device: A48303
10. Size of device: 2"
11. Manufacturer of device: WATTS
12. Model number of device: 009M2
13. Additional information (optional)

14. Test Measurements

	RP			PVB/SVB
	DC			
	Check Valve #1	Check Valve #2	Pressure Differential Relief Valve	Air Inlet
Initial Date (mm/dd/yy): ____ Time: ____ ☐ PASS ☑ FAIL	Held at 5.8 PSID ☑ Closed Tight ☐ Leaked	Held at 6.0 PSID ☑ Closed Tight ☐ Leaked	Opened at ____ PSID ☑ Did Not Open	Opened at ____ PSID ☐ Did Not Open Check Valve Held ____ PSID
Final Date (mm/dd/yy): ____ Time: ____ ☐ PASS ☐ FAIL	Held at ____ PSID ☐ Closed Tight ☐ Leaked	Held at ____ PSID ☐ Closed Tight ☐ Leaked	Opened at ____ PSID ☐ Did Not Open	Opened at ____ PSID ☐ Did Not Open Check Valve Held ____ PSID

AIR GAP Measured vertical inches above overflow rim ____ Supply side diameter ____

AVB Opened fully? ☐ Yes ☐ No

15. Comments
WATER METER #-77 (Not In Boiler Room)
LINE PRESSURE 70PSI

Tester Information

Initial Tester	16. Name and e-mail address of tester: CMI MGT, INC FRANCIS SAPIENZA	17. Company name: CMI MGT, INC.
	18. Telephone number: 412 510-7953	19. Signature and registration number of tester: Frank A. Sapienza ASSE # 30207
	20. Testing equipment serial number: TK13G 665789	21. Testing equipment calibration date (mm/dd/yy): 1-26-18
Final Tester	22. Name and e-mail address of tester: FRANCIS SAPIENZA Frank.Sapienza@cmimgmt.com	23. Company name of tester (if applicable)
	24. Telephone number: 412 510-7953	25. Signature and registration number of tester: Frank A. Sapienza ASSE # 30207
	26. Testing equipment serial number: TK13G 665789	27. Testing equipment calibration date (mm/dd/yy): 1-26-18

☐ By signing this backflow test report and checking this box, I hereby certify that I am familiar with the information contained in this form and that to the best of my knowledge and belief, such information is true, complete and accurate at the time of the test.

D.P. Relief Valve would not open.

WV 043-01 W.O.# 2336 ASSET #7201

Customer and Device Information

1. Customer name: US ARMY
2. Customer company:
3. Customer address (number and street, city, state, and ZIP code): 25 ARMORY Drive Wheeling, W.V. 26003
4. Location of device (and address if different from customer): BOILER ROOM
5. Is the device a new assembly? ☐ Yes ☑ No
   Replacing serial number:
6. Type of service: ☑ Domestic ☐ Fire ☐ Irrigation
7. Type of assembly: ☑ RP ☐ DC ☐ PVB ☐ SVB ☐ Air Gap ☐ AVB — RP2
8. Type of protection: ☑ Isolation ☐ Containment
9. Serial number of device: 100545
10. Size of device: 3/4"
11. Manufacturer of device: WATTS
12. Model number of device: LF009M3QT
13. Additional information (optional):

14. Test Measurements

	RP			PVB/SVB
	DC			
	Check Valve #1	Check Valve #2	Pressure Differential Relief Valve	Air Inlet
Initial Date (mm/dd/yy): ____ Time: ____ ☑ PASS ☐ FAIL	Held at 8.3 PSID ☑ Closed Tight ☐ Leaked	Held at 8.2 PSID ☑ Closed Tight ☐ Leaked	Opened at 3.1 PSID ☐ Did Not Open	Opened at ____ PSID ☐ Did Not Open Check Valve Held ____ PSID
Final Date (mm/dd/yy): ____ Time: ____ ☐ PASS ☐ FAIL	Held at ____ PSID ☐ Closed Tight ☐ Leaked	Held at ____ PSID ☐ Closed Tight ☐ Leaked	Opened at ____ PSID ☐ Did Not Open	Opened at ____ PSID ☐ Did Not Open Check Valve Held ____ PSID

AIR GAP Measured vertical inches above overflow rim: ____ Supply size diameter: ____

AVB Opened fully? ☐ Yes ☐ No

15. Comments: Water Meter #- ?? (Not In Boiler Room) LINE PRESSURE 55 PSI

Tester Information

Initial Tester

16. Name and e-mail address of tester: CMI MGT. INC FRANK SAPIENZA
17. Company name of tester (if applicable)
18. Telephone number: 412 510-9753
19. Signature and registration number of tester: FRANK ASSE #30207
20. Testing equipment serial number: TK13G 665789
21. Testing equipment calibration date (mm/dd/yy): 1-26-18

Final Tester

22. Name and e-mail address of tester: FRANCIS SAPIENZA F.Sapienza@cmimgmt.com
23. Company name of tester (if applicable)
24. Telephone number
25. Signature and registration number of tester
26. Testing equipment serial number
27. Testing equipment calibration date (mm/dd/yy)

☑ By signing this backflow test report and checking this box, I hereby certify that I am familiar with the information contained in this form and that to the best of my knowledge and belief, such information is true, complete and accurate at the time of the test.