

TEXARKANA, TX 75507-5000
BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

MANUFACTURE Watts MODEL DD7M2QT SIZE 1 1/2" SERIAL NO. 50950
 SERVICE NUMBER: #027 LOCATION: 345 2nd Floor N.W. Corner Vat area
 SERVICE NAME/ADDRESS: RRAD
 OWNER NAME/ADDRESS: RRAD
 AR: 8.2 RVOP: 2.8
 CHECK VALVE #1 8.4
 CHECK VALVE #1 8.4

RP ☒
 DC ☐
 PVB ☐
 SVH ☐
 DCDA ☐
 RPDA ☐

REDUCED PRESSURE PRINCIPLE ASSEMBLY

DOUBLE CHECK VALVE ASSEMBLY

	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB
INITIAL TEST	Held at <u>8.4</u> PSID Leaked ☐	Held at <u>8.4</u> PSID Closed Tight ☒ Leaked ☐	Opened at <u>2.8</u> PSID Did Not Open ☐	AIR INLET Opened at _____ PSID Did Not Open ☐
Repairs: Give details of repairs made here.	☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____ _____	☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____ _____	☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____ _____	CHECK VALVE Held at _____ PSID Leaked ☐ ☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____
FINAL TEST	<u>8.4</u> PSID	_____ PSID Closed Tight ☒	Opened at <u>2.8</u> PSID	Air Inlet _____ PSID Check Valve _____ PSID

Comments: _____

INITIAL TEST	Date <u>8-30-14</u> Time <u>7:21am</u> Certified Tester No. <u>14467</u> ☐ Passed ☐ Failed Test By (Signature) <u>Stacey Sharp</u> Print Name <u>Stacey Sharp</u>
REPAIR	Date _____ Time _____ Certified Tester No. _____ Repaired by (Signature) _____ Print Name _____
FINAL TEST	Date _____ Time _____ Certified Tester No. _____ ☐ Passed ☐ Failed Test by (Signature) _____ Print Name _____

TEXARKANA, TX 75507-5000
BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

MANUFACTURE Watts MODEL 009M2AT SIZE 2" SERIAL NO. 314361
 SERVICE NUMBER: _____ LOCATION: 740 East side in Room inside
 SERVICE NAME/ADDRESS: RRAD Chain Fence
 OWNER NAME/ADDRESS: RRAD
 AR: 10.2 RVOP: 3.6
 CHECK VALVE #2 9.4
 CHECK VALVE #1 10.2

RP ☒
 DC ☐
 PVB ☐
 SVB ☐
 DCDA ☐
 RPDA ☐

REDUCED PRESSURE PRINCIPLE ASSEMBLY
 DOUBLE CHECK VALVE ASSEMBLY

	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB
INITIAL TEST	Held at <u>10.2</u> PSID Leaked ☐	Held at <u>9.4</u> PSID Closed Tight ☒ Leaked ☐	Opened at <u>3.6</u> PSID Did Not Open ☐	AIR INLET Opened at _____ PSID Did Not Open ☐
Repairs: Give details of repairs made here.	☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____ _____	☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____ _____	☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____ _____	CHECK VALVE Held at _____ PSID Leaked ☐ ☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____
FINAL TEST	<u>10.2</u> PSID	Closed Tight ☒ PSID	Opened at <u>3.6</u> PSID	Air Inlet _____ PSID Check Valve _____ PSID

Comments: _____

INITIAL TEST	Date <u>9-4-14</u> Time <u>1:40 pm</u> Certified Tester No. <u>14467</u> ☒ Passed ☐ Failed Test By (Signature) <u>Stacy Sharp</u> Print Name <u>Stacey Sharp</u>
REPAIR	Date _____ Time _____ Certified Tester No. _____ Repaired by (Signature) _____ Print Name _____
FINAL TEST	Date _____ Time _____ Certified Tester No. _____ ☐ Passed ☐ Failed Test by (Signature) _____ Print Name _____

TEXARKANA, TX 75507-5000
BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

MANUFACTURE Watts MODEL 009 SIZE 2 1/2" SERIAL NO. 14008
 SERVICE NUMBER: 071 LOCATION: 592 West Wall Center South
 SERVICE NAME/ADDRESS: RRAD of Fire wall
 OWNER NAME /ADDRESS: RRAD
 AR: 9.7 RVOP: 2.2
 CHECK VALVE #2 8.9
 CHECK VALVE #1 9.0

RP ☒
 DC ☐
 PVB ☐
 SVH ☐
 DCDA ☐
 RPDA ☐

REDUCED PRESSURE PRINCIPLE ASSEMBLY

DOUBLE CHECK VALVE ASSEMBLY

	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB
INITIAL TEST	Held at <u>9.0</u> PSID Leaked ☐	Held at <u>8.9</u> PSID Closed Tight ☒ Leaked ☐	Opened at <u>2.2</u> PSID Did Not Open ☐	AIR INLET Opened at _____ PSID Did Not Open ☐
Repairs: Give details of repairs made here.	☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____ _____	☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____ _____	☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____ _____	CHECK VALVE Held at _____ PSID Leaked ☐ ☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____ _____
FINAL TEST	<u>9.0</u> PSID	_____ Closed Tight ☒ PSID	Opened at <u>2.2</u> PSID	Air Inlet _____ PSID Check Valve _____ PSID

Comments: _____

INITIAL TEST	Date <u>9-10-14</u> Time <u>1323 hrs</u> Certified Tester No. <u>14467</u> ☒ Passed ☐ Failed
	Test By (Signature) <u>Stacey Sharp</u> Print Name <u>Stacey Sharp</u>
REPAIR	Date _____ Time _____ Certified Tester No. _____
	Repaired by (Signature) _____ Print Name _____
FINAL TEST	Date _____ Time _____ Certified Tester No. _____ ☐ Passed ☐ Failed
	Test by (Signature) _____ Print Name _____

TEXARKANA, TX 75507-5000
BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

MANUFACTURE Wilkins Zurn MODEL 8975XL SIZE 2" SERIAL NO. 3539279
 SERVICE NUMBER: _____ LOCATION: 596 Boiler House
 SERVICE NAME/ADDRESS: RRAD
 OWNER NAME/ADDRESS: RRAD
 AR: 9.1 RVOP: 2.6
 CHECK VALVE #2 9.0
 CHECK VALVE #1 9.0

RP ☒
 DC ☐
 PVB ☐
 SVB ☐
 DCDA ☐
 RPDA ☐

REDUCED PRESSURE PRINCIPLE ASSEMBLY

DOUBLE CHECK VALVE ASSEMBLY

	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB
INITIAL TEST	Held at <u>9.0</u> PSID Leaked ☐	Held at <u>9.0</u> PSID Closed Tight ☒ Leaked ☐	Opened at <u>2.6</u> PSID Did Not Open ☐	AIR INLET Opened at _____ PSID Did Not Open ☐
Repairs: Give details of repairs made here.	☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____ _____	☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____ _____	☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____ _____	CHECK VALVE Held at _____ PSID Leaked ☐ ☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____
FINAL TEST	<u>9.0</u> PSID	Closed Tight ☒ PSID	Opened at <u>2.6</u> PSID	Air Inlet _____ PSID Check Valve _____ PSID

Comments: _____

INITIAL TEST	Date <u>9-10-14</u> Time <u>1504 hrs</u> Certified Tester No. <u>14467</u> ☒ Passed ☐ Failed
	Test By (Signature) <u>Stacey Sharp</u> Print Name <u>Stacey Sharp</u>
REPAIR	Date _____ Time _____ Certified Tester No. _____
	Repaired by (Signature) _____ Print Name _____
FINAL TEST	Date _____ Time _____ Certified Tester No. _____ ☐ Passed ☐ Failed
	Test by (Signature) _____ Print Name _____

TEXARKANA, TX 75507-5000
BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

MANUFACTURE Wilkins Zurn MODEL 975XL SIZE 2" SERIAL NO. W024818
SERVICE NUMBER: 099 LOCATION: 592 South Center above Rest Room
SERVICE NAME/ADDRESS: RRAD
OWNER NAME/ADDRESS: RRAD
AR: 9.0 RVOP: 3.0
CHECK VALVE #2 8.6
CHECK VALVE #1 8.6

RP ☒
DC ☐
PVE ☐
SVB ☐
DCDA ☐
RPDA ☐

REDUCED PRESSURE PRINCIPLE ASSEMBLY

DOUBLE CHECK VALVE ASSEMBLY

	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB
INITIAL TEST	Held at <u>8.6</u> PSID Leaked ☐	Held at <u>9.6</u> PSID Closed Tight ☒ Leaked ☐	Opened at <u>3.0</u> PSID Did Not Open ☐	AIR INLET Opened at _____ PSID Did Not Open ☐
Repairs: Give details of repairs made here.	☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____ _____ _____	☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____ _____ _____	☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____ _____ _____	CHECK VALVE Held at _____ PSID Leaked ☐ ☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____ _____ _____
FINAL TEST	_____ PSID	_____ PSID Closed Tight ☐	_____ PSID Opened at _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID

Comments: _____

INITIAL TEST	Date <u>9-11-14</u> Time <u>0716 hrs</u> Certified Tester No. <u>14467</u> ☒ Passed ☐ Failed Test By (Signature) <u>Stacey Sharp</u> Print Name <u>Stacey Sharp</u>
REPAIR	Date _____ Time _____ Certified Tester No. _____ Repaired by (Signature) _____ Print Name _____
FINAL TEST	Date _____ Time _____ Certified Tester No. _____ ☐ Passed ☐ Failed Test by (Signature) _____ Print Name _____

TEXARKANA, TX 75501-5000
BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

MANUFACTURE Watts MODEL 929 SIZE 3" SERIAL NO 102404
 SERVICE NUMBER: 121 LOCATION: M495 Fluidized Bed N.W.
 SERVICE NAME/ADDRESS: RRAD Corner of BH
 OWNER NAME/ADDRESS: RRAD
 AR: 5.4 RVOP: 3.6
 CHECK VALVE #2 5.4
 CHECK VALVE #1 5.4

RP ☒
 DC ☐
 PVB ☐
 SVB ☐
 DCDA ☐
 RPDA ☐

REDUCED PRESSURE PRINCIPLE ASSEMBLY
DOUBLE CHECK VALVE ASSEMBLY

	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB
INITIAL TEST	Held at <u>5.4</u> PSID	Held at <u>3.6</u> PSID	Opened at <u>5.4</u> PSID	AIR INLET
	Leaked ☐	Closed Tight ☒ Leaked ☐	Did Not Open ☐	Opened at _____ PSID Did Not Open ☐
Repairs: Give details of repairs made here.	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	CHECK VALVE
	_____	_____	_____	Held at _____ PSID Leaked ☐
FINAL TEST	_____ PSID	_____ PSID Closed Tight ☐	Opened at _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID

Comments: _____

INITIAL TEST	Date <u>9-17-14</u> Time <u>1600 hrs</u> Certified Tester No. <u>14467</u> ☒ Passed ☐ Failed
	Test By (Signature) <u>Stacey Sharp</u> Print Name <u>Stacey Sharp</u>
REPAIR	Date _____ Time _____ Certified Tester No. _____
	Repaired by (Signature) _____ Print Name _____
FINAL TEST	Date _____ Time _____ Certified Tester No. _____ ☐ Passed ☐ Failed
	Test by (Signature) _____ Print Name _____

TEXARKANA, TX 75507-5000
BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

MANUFACTURE Wilkins Zurn MODEL 975XL SIZE 1" SERIAL NO. 3157406
 SERVICE NUMBER: _____ LOCATION: 412D Equipment Room by Office
 SERVICE NAME/ADDRESS: RRAD
 OWNER NAME/ADDRESS: RRAD
 AR: 7.1 RVOP: 3.6
 CHECK VALVE #2 6.8
 CHECK VALVE #1 6.8

RP ☒
 DC ☐
 PVB ☐
 SVB ☐
 DCDA ☐
 RPDA ☐

REDUCED PRESSURE PRINCIPLE ASSEMBLY

DOUBLE CHECK VALVE ASSEMBLY

	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB
INITIAL TEST	Held at <u>6.8</u> PSID Leaked ☐	Held at <u>6.8</u> PSID Closed Tight ☒ Leaked ☐	Opened at <u>3.6</u> PSID Did Not Open ☐	AIR INLET Opened at _____ PSID Did Not Open ☐
Repairs: Give details of repairs made here.	☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____ _____ _____	☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____ _____ _____	☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____ _____ _____	CHECK VALVE Held at _____ PSID Leaked ☐ ☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____ _____ _____
FINAL TEST	_____ PSID	Closed Tight ☐ _____ PSID	Opened at _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID

Comments: _____

INITIAL TEST	Date <u>9-11-14</u> Time <u>1314 hrs</u> Certified Tester No. <u>14467</u> ☒ Passed ☐ Failed Test By (Signature) <u>Stacey Sharp</u> Print Name <u>Stacey Sharp</u>
REPAIR	Date _____ Time _____ Certified Tester No. _____ Repaired by (Signature) _____ Print Name _____
FINAL TEST	Date _____ Time _____ Certified Tester No. _____ ☐ Passed ☐ Failed Test By (Signature) _____ Print Name _____

TEXARKANA, TX 75507-5000
BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

MANUFACTURE Watts MODEL 957 SIZE 2 1/2" SERIAL NO. KL-0483
 SERVICE NUMBER: _____ LOCATION: Bldg 741 Reserve Center East Box
 SERVICE NAME/ADDRESS: RRAD
 OWNER NAME/ADDRESS: RRAD
 AR: ~~2.3~~ 3.2 RVOP: 2.3
 CHECK VALVE #2 3.2
 CHECK VALVE #1 3.2

RP ☒
 DC ☐
 PVB ☐
 SVB ☐
 DCDA ☐
 RPDA ☐

REDUCED PRESSURE PRINCIPLE ASSEMBLY

DOUBLE-CHECK VALVE ASSEMBLY

	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB
INITIAL TEST	Held at <u>3.2</u> PSID Leaked ☐	Held at <u>3.2</u> PSID Closed Tight ☒ Leaked ☐	Opened at <u>2.3</u> PSID Did Not Open ☐	AIR INLET Opened at _____ PSID Did Not Open ☐
Repairs: Give details of repairs made here.	☐ Cleaned ☐ Replaced 	☐ Cleaned ☐ Replaced 	☐ Cleaned ☐ Replaced 	CHECK VALVE Held at _____ PSID Leaked ☐ ☐ Cleaned ☐ Replaced
FINAL TEST	<u>3.2</u> PSID	Closed Tight ☒ PSID	Opened at <u>2.3</u> PSID	Air Inlet _____ PSID Check Valve _____ PSID

Comments: _____

INITIAL TEST	Date <u>9-15-14</u> Time <u>0830 hrs</u> Certified Tester No. <u>14467</u> ☒ Passed ☐ Failed Test By (Signature) <u>Stacey Sharp</u> Print Name <u>Stacey Sharp</u>
REPAIR	Date _____ Time _____ Certified Tester No. _____ Repaired by (Signature) _____ Print Name _____
FINAL TEST	Date _____ Time _____ Certified Tester No. _____ ☐ Passed ☐ Failed Test By (Signature) _____ Print Name _____

TEXARKANA, TX 75507-5000
BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

MANUFACTURE Watts MODEL 957 SIZE 3" SERIAL NO. KF-2943
 SERVICE NUMBER: _____ LOCATION: 741 Reserve Center West box
 SERVICE NAME/ADDRESS: RRAD
 OWNER NAME/ADDRESS: RRAD
 AR: 7.1 RVOP: 2.4
 CHECK VALVE #2 8.5
 CHECK VALVE #1 8.07

RF ☒
 DC ☐
 PVB ☐
 SVB ☐
 DCDA ☐
 RPDA ☐

REDUCED PRESSURE PRINCIPLE ASSEMBLY
DOUBLE CHECK VALVE ASSEMBLY

	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB
INITIAL TEST	Held at <u>8.5</u> PSID Leaked ☐	Held at <u>2.4/8.5</u> PSID Closed Tight ☒ Leaked ☐	Opened at <u>2.4</u> PSID Did Not Open ☐	AIR INLET Opened at _____ PSID Did Not Open ☐
Repairs: Give details of repairs made here.	☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____	☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____	☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____	CHECK VALVE Held at _____ PSID Leaked ☐ ☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____
	_____ PSID	_____ PSID Closed Tight ☐	Opened at _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID
FINAL TEST				

Comments: _____

INITIAL TEST	Date <u>9-15-14</u> Time <u>7:52am</u> Certified Tester No. <u>14467</u> ☒ Passed ☐ Failed Test By (Signature) <u>Stacey Sharp</u> Print Name <u>Stacey Sharp</u>
REPAIR	Date _____ Time _____ Certified Tester No. _____ Repaired by (Signature) _____ Print Name _____
FINAL TEST	Date _____ Time _____ Certified Tester No. _____ ☐ Passed ☐ Failed Test by (Signature) _____ Print Name _____