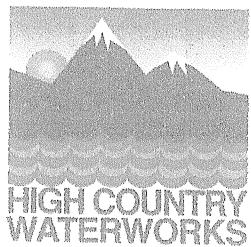


**BACKFLOW PREVENTION ASSEMBLY
TEST AND MAINTENANCE REPORT**

Customer must retain a copy of this report for a minimum of three years



Meter/Radio #: 210-0076 Date: 8-24-2020

Service Name: DEB BORTELLS

Service Address: 240 GAME TRAIL SILVERTOWNE CO 80424 borrells@comcast.net

Contact Person: DEB BORTELLS Title: Homeowner Phone: 203-723-7282

Owner/Mgmt Co/Contractor: _____

Mailing Address: _____

Contact Person: _____ Title: _____ Phone: _____

New Existing Replacement For: _____

Use: Containment Isolation Domestic Fire Irrigation Process

Assembly Type: Reduced Pressure Double Check Pressure Vacuum Breaker Other: _____

Mfg: WATTS Model No: LF800M201 Size: 1/2 Serial No: 038856

Date Installed: _____ Last Inspection: 8-30-2019 Line Pressure: 111 PSI

Location: 1ST FLOOR MECHANICAL ROOM

	Initial Test Result		Comments	Re-Test Results	
	Tightness	Differential		Tightness	Differential
Check No 1 (RP, DC, PVB)	Leak <input checked="" type="checkbox"/> Tight <input checked="" type="checkbox"/>	7.4		Leak <input type="checkbox"/> Tight <input type="checkbox"/>	
Check No 2 (RP, DC)	Leak <input type="checkbox"/> Tight <input checked="" type="checkbox"/>			Leak <input type="checkbox"/> Tight <input type="checkbox"/>	
Relief Valve (RP)		3.4			
Buffer (RP)		4.0			
Air Inlet (PVB)					
Shut-off valve No. 1	Leak <input type="checkbox"/> Tight <input checked="" type="checkbox"/>				
Shut-off valve No. 2	Leak <input type="checkbox"/> Tight <input checked="" type="checkbox"/>				

Repairs/Comments: _____

Deficiencies: EXPANSION TANK IS NOT NEPA APPROVED
Assembly Mechanical Test: Passed Failed

Alarm Company/Fire Department notification: DRIVE IS NOT IN THE FIRE LINE, _____

Turn Off Date: _____ Time: _____ Turn On Date: _____ Time: _____

Technician certifies this assembly has been tested in accordance with ASSE test procedures: 1013/1015/1020/1056

Tester Name: Michael R. Fulton Certification No: ASSE-27062 Expires: 8-31-2023

Tester Signature: Test Date: 8-24-2020 Time: 12:20PM

Tester Phone: 970-470-1017 Test Gauge: MidWest 845-5, SN# 05122604 Gauge Re-Cert Date: 5-15-2021

Owner/ Agent Signature: X Printed Name: _____

Signature indicates verification by Signer that isolation valves were returned to pre-test orientation and all deficiencies have been communicated to Signer as an owner or responsible agent.