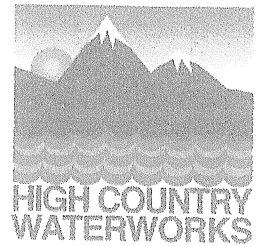


BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

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



Meter/Radio #: 2190076 Date: 8-24-2020
Service Name: DEB BORTHELLS
Service Address: 240 GAME TRAIL SILVER PLANE CO 80448 borthells@240.com
Contact Person: DEB BORTHELLS Title: HOMEOWNER Phone: 203-733-7282

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: WAGS Model No: 1F00M200 Size: 1/2 Serial No: 038856

Date Installed: _____ Last Inspection: 9-30-2019 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 Tight <input checked="" type="checkbox"/>	<u>7.4</u>		Leak Tight <input type="checkbox"/>	
Check No 2 (RP, DC)	Leak Tight <input checked="" type="checkbox"/>			Leak Tight <input type="checkbox"/>	
Relief Valve (RP)		<u>3.4</u>			
Buffer (RP)		<u>4.0</u>			
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 NFPA APPROVED

Assembly Mechanical Test: Passed ☒ Failed ☐

Alarm Company/Fire Department notification: DEVICE IS NOT ON TAMPER

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

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.