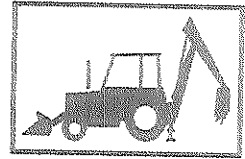


B&A Plumbing, Inc
619 Estes Avenue. Schaumburg, IL 60193
Phone: 847-985-2444 Fax: 847-985-7677



Cross Connection Control Device Testing & Certification Report

Manufacturer: Wilkins Model: 975 Size: 4" Serial #: Q02074
Name of Owner: Waveland-DOC-1710 N. Randall Rd. Elgin, IL Phone: _____
Address (Street, City, Zip): 1710 Randall Road Elgin, IL
Location of Device In Building: Sprinkler Room
Piping System: Domestic RPZ: X DBC: _____ DBDC: _____

	Check Valve # 1		Check Valve # 2		Relief Valve
Initial	Leaked <input type="checkbox"/>		Leaked <input type="checkbox"/>		Opened @ _____ PSI <input type="checkbox"/>
Test	Closed Tight <input type="checkbox"/>		Closed Tight <input type="checkbox"/>		Reduced Pressure <input type="checkbox"/>
Differential	<u>8.7</u> DPSI		<u>8.0</u> DPSI		Did Not Open
Pressure					
Final Test	Closed Tight <input checked="" type="checkbox"/>		Closed Tight <input checked="" type="checkbox"/>		Opened @ <u>3.0</u> PSI <input checked="" type="checkbox"/>
					Reduced Pressure
Alarm #:	_____		Operator #:	_____	

Description of Repairs:

Special Comments:

Final Test By:

James Hermann - Plumbing Lic# 058-190695 CCCDI# XC4255 -

Donald Medlin - Plumbing Lic# 058-157447 CCCDI# XC2951 -

Date: Jan 8. 21 Time: 7:55

This report is certified to be true: (Name): DM

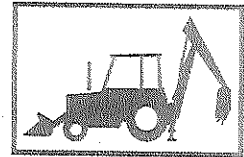
PASS -

FAIL -

B&A Plumbing, Inc

619 Estes Avenue. Schaumburg, IL 60193

Phone: 847-985-2444 Fax: 847-985-7677



Cross Connection Control Device Testing & Certification Report

Manufacturer: Wilkins Model: 350ADA Size: 4" Serial #: V04815

Name of Owner: Waveland-DOC-1710 N. Randall Rd Elgin, IL Phone: _____

Address (Street, City, Zip): 1710 Randall Road Elgin, IL

Location of Device In Building: Sprinkler Room

Piping System: Fire RPZ: _____ DBC: X DBDC _____

	Check Valve # 1		Check Valve # 2		Relief Valve
Initial	Leaked <input type="checkbox"/>		Leaked <input type="checkbox"/>		Opened @ _____ PSI <input type="checkbox"/>
Test	Closed Tight <input type="checkbox"/>		Closed Tight <input type="checkbox"/>		Reduced Pressure <input type="checkbox"/>
					Did Not Open <input type="checkbox"/>
Differential	<u>2.0</u> DPSI		<u>2.0</u> DPSI		
Pressure					
Final Test	Closed Tight <input checked="" type="checkbox"/>		Closed Tight <input checked="" type="checkbox"/>		Opened @ <u>0.4</u> PSI <input type="checkbox"/>
					Reduced Pressure <input type="checkbox"/>
Alarm #:	<u>970 665</u>		Operator #:	_____	

Description of Repairs:

Special Comments:

Final Test By:

James Hermann - Plumbing Lic# 058-190695 CCCDI# XC4255 -

Donald Medlin - Plumbing Lic# 058-157447 CCCDI# XC2951 -

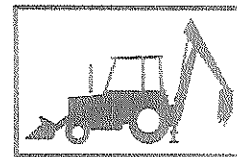
Date: Jan 8, 21 Time: 8:14

This report is certified to be true: (Name): D Medlin

PASS -

FAIL -

B&A Plumbing, Inc
619 Estes Avenue. Schaumburg, IL 60193
Phone: 847-985-2444 Fax: 847-985-7677



Cross Connection Control Device Testing & Certification Report

Manufacturer: Wilkins Model: 450XL Size: 3/4" Serial #: 2163666
Name of Owner: Waveland-DOC-1710 N. Randall Rd Elgin, IL Phone: _____
Address (Street, City, Zip): 1710 Randall Road Elgin, IL
Location of Device In Building: Sprinkler Room
Piping System: Fire By-Pass RPZ: _____ DBC: X DBDC _____

	Check Valve # 1		Check Valve # 2		Relief Valve
Initial	Leaked <input type="checkbox"/>		Leaked <input type="checkbox"/>		Opened @ _____ PSI <input type="checkbox"/>
Test	Closed Tight <input type="checkbox"/>		Closed Tight <input type="checkbox"/>		Reduced Pressure <input type="checkbox"/>
					Did Not Open <input type="checkbox"/>
Differential	<u>2.0</u> DPSI		<u>2.0</u> DPSI		
Pressure					
Final Test	Closed Tight <input checked="" type="checkbox"/>		Closed Tight <input checked="" type="checkbox"/>		Opened @ <u>0.2</u> PSI <input type="checkbox"/>
					Reduced Pressure <input type="checkbox"/>
Alarm #:	_____		Operator #:	_____	

Description of Repairs:

Special Comments:

Final Test By:

James Hermann - Plumbing Lic# 058-190695 CCCDI# XC4255 -

Donald Medlin - Plumbing Lic# 058-157447 CCCDI# XC2951 -

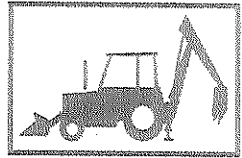
Date: Jan 8, 2014 Time: 8:14

This report is certified to be true: (Name): [Signature]

PASS -

FAIL -

B&A Plumbing, Inc
619 Estes Avenue. Schaumburg, IL 60193
Phone: 847-985-2444 Fax: 847-985-7677



Cross Connection Control Device Testing & Certification Report

Manufacturer: Febco Model: 860V Size: 1 1/2" Serial #: 00347

Name of Owner: Waveland-DOC-1710 N. Randall Rd Elgin, IL Phone: _____

Address (Street, City, Zip): 1710 Randall Road Elgin, IL

Location of Device In Building: Sprinkler Room

Piping System: Lawn RPZ: X DBC: _____ DBDC: _____

		Check Valve # 1	Check Valve # 2	Relief Valve
Initial	Leaked	<input type="checkbox"/>	<input type="checkbox"/>	Opened @ _____ PSI <input type="checkbox"/>
Test	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>	Reduced Pressure <input type="checkbox"/>
Differential Pressure	<u>8.0</u> DPSI		<u>7.6</u> DPSI	Did Not Open
Final Test	Closed Tight	<input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>	Opened @ <u>3.0</u> PSI <input checked="" type="checkbox"/>
				Reduced Pressure <input type="checkbox"/>
Alarm #:	_____		Operator #:	_____

Description of Repairs:

Special Comments:

Final Test By:

James Hermann - Plumbing Lic# 058-190695 CCCDI# XC4255 -

Donald Medlin - Plumbing Lic# 058-157447 CCCDI# XC2951 -

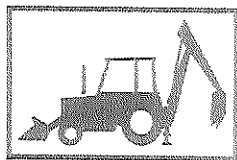
Date: Jan 8.21 Time: 8:07

This report is certified to be true: (Name): [Signature]

PASS -

FAIL -

B&A Plumbing, Inc
 619 Estes Avenue. Schaumburg, IL 60193
 Phone: 847-985-2444 Fax: 847-985-7677



Cross Connection Control Device Testing & Certification Report

Manufacturer: Wilkins Model: 975XL Size: 2" Serial #: W9783
 Name of Owner: Waveland-DOC-1710 N. Randall Rd Elgin, IL Phone: _____
 Address (Street, City, Zip): 1710 Randall Road Elgin, IL
 Location of Device In Building: Sprinkler Room
 Piping System: Domestic RPZ: X DBC: _____ DBDC: _____

		Check Valve # 1			Check Valve # 2			Relief Valve
Initial	Leaked	<input type="checkbox"/>	Leaked	<input type="checkbox"/>	Leaked	<input type="checkbox"/>	Opened @ _____ PSI	<input type="checkbox"/>
Test	Closed Tight	<input type="checkbox"/>	Closed Tight	<input type="checkbox"/>	Closed Tight	<input type="checkbox"/>	Reduced Pressure	<input type="checkbox"/>
Differential Pressure	<u>7.8</u> DPSI		<u>7.2</u> DPSI				Did Not Open	
Final Test	Closed Tight	<input checked="" type="checkbox"/>	Closed Tight	<input checked="" type="checkbox"/>	Closed Tight	<input checked="" type="checkbox"/>	Opened @ <u>2.5</u> PSI	<input checked="" type="checkbox"/>
Alarm #:	_____		Operator #:	_____			Reduced Pressure	

Description of Repairs:

Special Comments:

Final Test By:
 James Hermann - Plumbing Lic# 058-190695 CCCDI# XC4255 -
 Donald Medlin - Plumbing Lic# 058-157447 CCCDI# XC2951 -

Date: Jan 8 21 Time: 7:59

This report is certified to be true: (Name): Sam

PASS - **FAIL** -