

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:** 375ADA **Size:** 4" **Serial #:** Y02350
Name of Owner: Waveland-Sandwich Development Partners **Phone:** _____
Address (Street, City, Zip): 1310 Main Street Sandwich, IL 60548
Location of Device In Building: Sprinkler Room
Piping System: Fire **RPZ:** X **DBC:** _____ **DBDC:** _____

	Check Valve # 1	Check Valve # 2	Relief Valve
Initial Test	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Opened @ _____ PSI <input type="checkbox"/> Reduced Pressure Did Not Open
Differential Pressure	<u>9.6</u> DPSI	<u>9.1</u> DPSI	
Final Test	Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>	Opened @ <u>2.6</u> PSI <input checked="" type="checkbox"/> Reduced Pressure
Alarm #:	_____	Operator #:	_____

Description of Repairs:

Special Comments:

Final Test By:
Gary Dohogne - Plumbing Lic# 058-198449 CCCDI# XC5931 -
Donald Medlin - Plumbing Lic# 058-157447 CCCDI# XC2951 -
Brandon Lewis - Plumbing Lic# 058-198838 CCCDI# XC5983 -

Date: 2-2-23 **Time:** 3:14

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

PASS - **FAIL** -

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Cross Connection Control Device Testing & Certification Report

Manufacturer: Febco Model: 860 Size: 3" Serial #: N0703121010

Name of Owner: Waveland-Sandwich Development Partners Phone: _____

Address (Street, City, Zip): 1310 Main Street Sandwich, IL 60548

Location of Device In Building: Sprinkler Room

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

	Check Valve # 1	Check Valve # 2	Relief Valve
Initial Test	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Opened @ _____ PSI <input type="checkbox"/> Reduced Pressure <input type="checkbox"/> Did Not Open
Differential Pressure	<u>8.3</u> DPSI	<u>6.9</u> DPSI	
Final Test	Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>	Opened @ <u>3.2</u> PSI <input checked="" type="checkbox"/> Reduced Pressure
Alarm #:	_____	Operator #:	_____

Description of Repairs:

Special Comments:

Final Test By:

- Gary Dohogne - Plumbing Lic# 058-198449 CCCDI# XC5931 -
- Donald Medlin - Plumbing Lic# 058-157447 CCCDI# XC2951 -
- Brandon Lewis - Plumbing Lic# 058-198838 CCCDI# XC5983 -

Date: 2-2-23 Time: 1:40

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

PASS - FAIL -

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Cross Connection Control Device Testing & Certification Report

Manufacturer: Wilkins Model: 975XL Size: 3/4" Serial #: 2568979XLD
Name of Owner: Waveland-Sandwich Development Partners Phone: _____
Address (Street, City, Zip): 1310 Main Street Sandwich, IL 60548
Location of Device In Building: Sprinkler Room
Piping System: Fire By-Pass RPZ: X DBC: _____ DBDC: _____

	Check Valve # 1		Check Valve # 2		Relief Valve
Initial Test	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>		Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>		Opened @ _____ PSI <input type="checkbox"/> Reduced Pressure <input type="checkbox"/> Did Not Open <input type="checkbox"/>
Differential Pressure	<u>8.9</u> DPSI		<u>1.5</u> DPSI		
Final Test	Closed Tight <input checked="" type="checkbox"/>		Closed Tight <input checked="" type="checkbox"/>		Opened @ <u>2.3</u> PSI <input checked="" type="checkbox"/> Reduced Pressure <input type="checkbox"/>
Alarm #: _____			Operator #: _____		

Description of Repairs:

Special Comments:

Final Test By:
Gary Dohogne - Plumbing Lic# 058-198449 CCCDI# XC5931 -
Donald Medlin - Plumbing Lic# 058-157447 CCCDI# XC2951 -
Brandon Lewis - Plumbing Lic# 058-198838 CCCDI# XC5983 -

Date: 2-2-23 Time: 3:02

This report is certified to be true: (Name): *Brandon Lewis*

PASS - **FAIL** -