

ARMBRUST

PLUMBING & HEATING SOLUTIONS

www.armbrustsolutions.com

381 S. Main Place
Carol Stream, IL 60188
(630) 668-6273

Backflow Prevention Assembly

Test and Certification Report

PASS FAIL

58426771
Reference Number

Owner Information

Name of Owner or Contact: Wharton Property Partners
Mailing Address: 120 E Liberty
Name of Premises: Some
Street Address of Premises: Some

Device Information

Make and Model: Wilkins 975-XL
Serial Number: 2550995
Size: 3/4"
Type and Use: RPZ DC OTHER ----- DOMESTIC FIRE IRRIGATION OTHER
Location In Building: mechanical room

3/4" FIRE BY-PASS

Test Date	Retest Date	Line Pressure @ Time of Test	Drop Across Check Valve #1	Buffer
7/17/23	1 / 1	50 PSI	1 PSID	6 PSID
<input type="checkbox"/> Pass <input type="checkbox"/> Fail		<input type="checkbox"/> Pass <input type="checkbox"/> Fail		
Check Valve #1		Check Valve #2		Differential Pressure Relief Valve
INITIAL TEST <input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed Tight RP <u>10</u> PSID		INITIAL TEST <input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed Tight RP <u>9</u> PSID		INITIAL TEST <input type="checkbox"/> Did Not Open Opened @ <u>4</u> PSID
REPAIRS <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Guide <input type="checkbox"/> Diaphragm <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Other		REPAIRS <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Guide <input type="checkbox"/> Diaphragm <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Other		REPAIRS <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc, Upper <input type="checkbox"/> Lg Diaphragm, Upper <input type="checkbox"/> Disc, Lower <input type="checkbox"/> Lg Diaphragm, Lower <input type="checkbox"/> Spring <input type="checkbox"/> Sm Diaphragm, Upper <input type="checkbox"/> Spacer, Lower <input type="checkbox"/> Sm Diaphragm, Lower
FINAL TEST RP _____ PSID <input type="checkbox"/> Closed Tight		FINAL TEST RP _____ PSID <input type="checkbox"/> Closed Tight		FINAL TEST Opened @ _____ PSID

Comments

Replaced all rubber parts

Tester Information

Licensed Tester Name / Signature: Adam P. [Signature]
License Number: X03331
Licensed Tester Contact Info: C/O Armbrust Plumbing & Heating
381 S. Main Place
Carol Stream, IL 60188
Phone: 630-668-6273
Fax: 630-668-2548
Email: office@armbrustplumbing.com

ARMBRUST

PLUMBING & HEATING SOLUTIONS

www.armbrustsolutions.com

381 S. Main Place
Carol Stream, IL 60188
(630) 668-6273

Backflow Prevention Assembly Test and Certification Report

PASS FAIL

58421771
Reference Number

Owner Information

Name of Owner or Contact: Wharton Property Partners
Mailing Address: 120 E Liberty Wharton
Name of Premises: Same
Street Address of Premises: Same

Device Information

Make and Model: Wilkins 375
Serial Number: Y02057
Size: 6"
Type and Use: RPZ DC OTHER DOMESTIC FIRE IRRIGATION OTHER
Location In Building: mechanical room

6" FIRE

Test Date	Retest Date	Line Pressure @ Time of Test	Drop Across Check Valve #1	Buffer
7/17/23	1 / 1	50 PSI	.5 PSID	3 PSID
<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail		<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail		
Check Valve #1		Check Valve #2		Differential Pressure Relief Valve
INITIAL TEST <input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed Tight RP <u>9</u> PSID		INITIAL TEST <input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed Tight RP <u>8.5</u> PSID		INITIAL TEST <input type="checkbox"/> Did Not Open Opened @ <u>6</u> PSID
REPAIRS <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Guide <input type="checkbox"/> Diaphragm <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Other		REPAIRS <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Guide <input type="checkbox"/> Diaphragm <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Other		REPAIRS <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc, Upper <input type="checkbox"/> Lg Diaphragm, Upper <input type="checkbox"/> Disc, Lower <input type="checkbox"/> Lg Diaphragm, Lower <input type="checkbox"/> Spring <input type="checkbox"/> Sm Diaphragm, Upper <input type="checkbox"/> Spacer, Lower <input type="checkbox"/> Sm Diaphragm, Lower
FINAL TEST RP _____ PSID <input type="checkbox"/> Closed Tight		FINAL TEST RP _____ PSID <input type="checkbox"/> Closed Tight		FINAL TEST Opened @ _____ PSID

Comments

Replaced all rubber parts

Tester Information

Licensed Tester Name / Signature: Adam P. [Signature]
License Number: X(333)
Licensed Tester Contact Info: C/O Armbrust Plumbing & Heating
381 S. Main Place
Carol Stream, IL 60188
Phone: 630-668-6273
Fax: 630-668-2548
Email: office@armbrustplumbing.com