



MOUNT PLEASANT WATERWORKS

PO Box 330 1619 Rifle Range Road
Mount Pleasant, SC 29465-0330
Phone: (843) 884-9626

Backflow Assembly

Test Reports may be emailed
to backflow@mpwonline.com or
sent by mail to our Operations Center

Return no later than: 1/28/2023

Customer Name: HD MT PLEASANT MEDICAL PROPERTIES LLC Account Number: 00809697-00181942

Service Address: 1625 HOSPITAL

Meter Number: 94739286 Transponder # 94739286

Hazard ID # 54158 Serial # TD-1618

Device Type, Manufr, Model & Size: AMES COLT 200 4

Location of Assembly on Property: RISER ROOM, 1ST FLOOR STAIRWELL B

Testers Name (Print or Type): Justin Porter

Company (Print or Type): Liberty Fire Protection Phone #: (843)552-1301

Type of Test Performed: Differential Pressure

Type of Service: **Fireline**

	Check Valve # 1	Check Valve # 2	Opening Point	# 1 Shut Off Ball Valves or Gate Valves	# 2 Shut Off Ball Valves or Gate Valve
Initial	Leaked: _____ Closed Tight: <input checked="" type="checkbox"/>	Leaked: _____ Closed Tight: <input checked="" type="checkbox"/>	Relief Valve Or Air Inlet: _____ lbs.	Leaked: _____ Closed Tight: _____	Leaked: _____ Closed Tight: <input checked="" type="checkbox"/>
Repairs Made New Materials					
Test After Repairs	Closed Tight: _____ Differential Pressure _____	Closed Tight: _____ Differential Pressure _____	Relief Valve Or Air Inlet _____ lbs.	Leaked: _____ Closed Tight: _____	Leaked: _____ Closed Tight: _____

Pass Fail _____

Vertical Installation? Yes No

Above Ground? Yes No

Freeze Protection? Yes No

New installation? Yes No

Certification Number: 110281025 Exp. Date: 12/31/25

Testers Signature: Date: 01/27/23

The above report is certified to be true.

Comments: Passed!



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Customer Name: HD MT PLEASANT MEDICAL PROPERTIES LLC Account Number: 00809702-00181942

Service Address: 1625 HOSPITAL

Meter Number: 86071153 Transponder #: 94769754

Hazard ID #: 54163 Serial #: 4755009

Device Type, Manufr, Model & Size: WILKINS 975XL 1

Location of Assembly on Property: RIGHT SIDE OF DRIVEWAY, IN FLOWER BED

Testers Name (Print or Type): Justin Porter

Company (Print or Type): Liberty Fire Protection Phone #: (843)552-1301

Type of Test Performed: Differential Pressure

Type of Service: **Irrigation**

	Check Valve # 1	Check Valve # 2	Opening Point	# 1 Shut Off Ball Valves or Gate Valves	# 2 Shut Off Ball Valves or Gate Valves
Initial	Leaked: _____ Closed Tight: <input checked="" type="checkbox"/> Differential Pressure: <u>8.6</u>	Leaked: _____ Closed Tight: <input checked="" type="checkbox"/> Differential Pressure: <u>2.4</u>	Relief Valve Or Air Inlet: <u>2.8</u> lbs.	Leaked: _____ Closed Tight: _____	Leaked: _____ Closed Tight: <input checked="" type="checkbox"/>
Repairs Made New Materials					
Test After Repairs	Closed Tight: _____ Differential Pressure: _____	Closed Tight: _____ Differential Pressure: _____	Relief Valve Or Air Inlet _____ lbs.	Leaked: _____ Closed Tight: _____	Leaked: _____ Closed Tight: _____

Pass

Fail

Vertical Installation?

Yes No

Freeze Protection?

Yes No

Above Ground?

Yes No

New installation?

Yes No

Certification Number:

110281025

Exp. Date:

12/31/25

Testers Signature:

Date:

01/27/23

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Comments:

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Customer Name: HD MT PLEASANT MEDICAL PROPERTIES LLC Account Number: 00809697-00181942

Service Address: 1625 HOSPITAL

Meter Number: 94739286 Transponder #: 94739286

Hazard ID #: 54455 Serial #: L125778

Device Type, Manufr, Model & Size: WILKINS 375 3

Location of Assembly on Property: FIRE RISER ROOM

Testers Name (Print or Type): Justin Porter

Company (Print or Type): Liberty Fire Protection Phone #: (843)552-1301

Type of Test Performed: Differential Pressure

Type of Service: Fireline Detector

	Check Valve # 1	Check Valve # 2	Opening Point	# 1 Shut Off Ball Valves or Gate Valves	# 2 Shut Off Ball Valves or Gate Valves
Initial	Leaked: _____ Closed Tight: <input checked="" type="checkbox"/> Differential Pressure: <u>7.8</u>	Leaked: _____ Closed Tight: <input checked="" type="checkbox"/> Differential Pressure: <u>1.8</u>	Relief Valve Or Air Inlet: <u>2.6</u> lbs.	Leaked: _____ Closed Tight: _____	Leaked: _____ Closed Tight: <input checked="" type="checkbox"/>
Repairs Made New Materials					
Test After Repairs	Closed Tight: _____ Differential Pressure: _____	Closed Tight: _____ Differential Pressure: _____	Relief Valve Or Air Inlet _____ lbs.	Leaked: _____ Closed Tight: _____	Leaked: _____ Closed Tight: _____

Pass Fail _____

Vertical Installation? Yes No Freeze Protection? Yes No

Above Ground? Yes No New installation? Yes No

Certification Number: 110281025 Exp. Date: 12/31/25

Testers Signature: Date: 01/27/23

The above report is certified to be true.

Comments: Passed!