



**INVITATION TO BID
BID NO. 9763
BACKFLOW DEVICES -
REBUILT AND/OR REPLACED
FOR TROY SCHOOL DISTRICT**

The Troy School District will receive firm, sealed bids for furnishing , delivering and installing Backflow Devices - Rebuilt and/or Replace as specified in accordance with local and state guidelines for Troy Schools..

Your proposal marked “**Backflow Devices**” must be delivered no later than 2 p.m., Tuesday, July 2, 2013, Purchasing Department, Troy School District, 1140 Rankin, Troy, Michigan 48083, at which time all bids will be publicly opened and read aloud immediately thereafter. Bid proposals received after this time will not be considered or accepted.

All questions regarding the bid specified, or the bid terms and conditions will be accepted in writing ONLY and subsequently answered through an addendum to all interested parties. Any questions must be received no later than noon, June 25, 2013, at no other time prior to the bid opening will questions/concerns be addressed or accepted and may be faxed to: 248.823.4077, or emailed as a Word document to: PurchasingOffice@troy.k12.mi.us.

The Troy Board of Education reserves the right to accept or reject any or all bids, either in whole or in part; to award contract to other than the low bidder; to waive any irregularities and/or informalities; and in general to make awards in any manner deemed to be in the best interest of the owner.

Purchasing Department
Troy School District
1140 Rankin
Troy, MI 48083

INSTRUCTIONS TO BIDDERS

PROPOSALS

1. The Troy School District will receive firm, sealed bids for furnishing , delivering and installing Backflow Devices- Rebuilt and/or Replaced for Troy Schools, in accordance with the attached specifications and local and state guidelines.
2. Proposals will be submitted only on the forms provided, will be enclosed in a sealed envelope marked with the name of the bidder, the title of the work and must be delivered to the Purchasing Department, Troy School District, 1140 Rankin, Troy, Michigan 48083, no later than 2 p.m., Tuesday, July 2, 2013, at which time all bids will be publicly opened and read aloud immediately thereafter. Bid proposals received after this time will not be considered or accepted. Oral, telephone, fax or electronic mail bids are invalid and will not receive consideration..
3. Proposals will be made in conformity with all the conditions set forth in the specifications. All items of furniture and equipment must conform to the specifications.
4. All questions regarding the bid specified, or the bid terms and conditions will be accepted in writing ONLY and subsequently answered through an addendum to all interested parties. Any questions must be received no later than noon, Tuesday, June 25, 2013, at no other time prior to the bid opening will questions/concerns be addressed or accepted and may be faxed to: 248.823.4077, or emailed as a Word document to: PurchasingOffice@troy.k12.mi.us.
5. References in the specifications to any article, product, material, fixture, form or type of construction, etc., by proprietary name, manufacturer, make or catalog number will be interpreted as establishing a standard quality of design and will not be construed as limiting proposals.
6. The Troy Board of Education reserves the right to accept or reject any or all proposals either in whole or in part; to waive any irregularities and/or informalities; and in general to make awards or cancel this proposal, if deemed to be in the best interests of the owner.
7. A completed Familial Disclosure form must be included with each proposal submitted of the proposal will not be accepted, please note this form must be notarized.

SCOPE

This specification includes furnishing , delivering and installing rebuilt and/or replacing Backflow Devices, in accordance with the attached specifications and with local and state guidelines for several school locations in the Troy School District.

TAXES

State and local sales and use taxes are not applicable and will not be included in the proposal.

CONTRACT AWARD

The contract will be awarded in the form of PURCHASE ORDERS mailed to the Vendor(s) selected. It is the intent to award the bid on July 9, 2013 at the regular monthly meeting of the Board of Education.

WITHDRAWAL OF BIDS

Any bidder may withdraw their bid at any time prior to the scheduled time for receipt of bids. No proposal may be withdrawn until after 45 days after bid opening.

DELIVERY

All shipments will be F.O.B. delivered, Troy School District, to each specific school location as detailed in the specification.

FIRM PRICING

Unit pricing will prevail when computing total quantity on bids. No price allowance or extra consideration on behalf of the bidder will subsequently be allowed by reason of error or oversight on the part of the bidder. The successful bidder(s) will hold bid prices firm for all purchase orders placed through June, 2014 or for a period of approximately one full year.

WARRANTY

All material and equipment will be guaranteed to be free from defects in both workmanship and materials for no less than one year from date of receipt/installation. If manufacturer warranty exceeds this minimum requirement, the manufacturer warranty will prevail. Any item(s) found to be defective will be replaced or repaired within seven working days at Vendor(s) expense.

PAYMENTS

Payment in full will be due and payable within thirty days after delivery, providing all goods are approved and accepted by the Board of Education and the contract having been fully performed.

MSDS

COPIES OF MATERIAL SAFETY DATA SHEETS FOR ALL HAZARDOUS MATERIALS MUST BE INCLUDED WITH YOUR INVOICE.

MATERIAL SAFETY DATA SHEETS

Troy Schools expects MATERIAL SAFETY DATA SHEETS for all appropriate materials ATTACHED TO THE INVOICE and to appropriately label all products delivered according to Section 14 of Act 154, of the Public Acts of 1974 as amended. Any appropriate products not labeled will be refused and the vendor will be responsible for additional freight charges. Payment may be withheld until MSDSs are received by the school district.

**Troy School District
Backflow Devices
Rebuilt and/or Replaced
Bid # 9763
Locations, Specifications &
Backflow Test Reports**

**Baker Middle School
1359 Torpey
Troy, MI 48083**

- A. Device: 4" WATTS 909 Serial #214142 - Rebuild - replacing the failed 1st check and relief valve, a copy of the Backflow Preventer Test Report is included below for reference.

**Larson Middle School
2222 E. Long Lake
Troy, MI 48085**

- A. Device: 1 1/4" WATTS 009M2 Serial # 40282 – Rebuild - 1st check on RPZ and re-test upon completion, a copy of the Backflow Preventer Test Report is included below for reference.
- B. Non Testable Device: 4" VIKING Detector Check – Replace - with new testable device and re-test upon completion, a copy of the Backflow Preventer Test Report is included below for reference.

**Leonard Elementary School
4401 Tallman
Troy, MI 48085**

- A. Device: 1" WATTS 009QT Serial # 38923 –Rebuild - relief valve on RPZ and re-test upon completion, a copy of the Backflow Preventer Test Report is included below for reference.
- B. Non Testable Device: 4" WATTS 07F Serial # 93480 Detector Check – Replace with new testable device and device and re-test upon completion, a copy of the Backflow Preventer Test Report is included below for reference.

**Maintenance & Operations Building
1140 Rankin Rd.
Troy, MI 48083**

- A. Device: 1" FEBCO 765 Serial #61477- Replace -failed PVB device and re-test upon completion, a copy of the Backflow Preventer Test Report is included below for reference.

**Hamilton Elementary School
5625 Northfield Parkway
Troy, MI 48098**

- A. Device: 2 1/2" WATTS 700 Serial # 100168 Detector Check – Rebuild - failed detector check on device and re-test upon completion, a copy of the Backflow Preventer Test Report is included below for reference.

Troy High School
4777 Northfield Parkway
Troy, MI 48098

- A. Device: 2 ½" WILKINS 575RP Serial # Z13918 – Rebuild - failed device and re-test upon completion, a copy of the Backflow Preventer Test Report is included below for reference.
- B. Device: 6" AMES 2000SS Serial # M20132H0428 Detector Check – Rebuild - failed device and re-test upon completion, a copy of the Backflow Preventer Test Report is included below for reference
- C. Device: 2" FEBCO 765 Serial # AA4600 – Rebuild - failed PVB device and re-test upon completion, a copy of the Backflow Preventer Test Report is included below for reference.
- D. Device: 2 ½" WILKINS 575RP Serial # 264 – Rebuild - failed RPZ device and re-test upon completion, a copy of the Backflow Preventer Test Report is included below for reference.

Bemis Elementary
3571 Northfield Parkway
Troy, MI 48084

- A. Device: 2 ½" KENNEDY A2 Serial # 4D27(A) Detector Check – Rebuild - failed detector check on device and re-test upon completion, a copy of the Backflow Preventer Test Report is included below for reference.

Boulan Park Middle School
3570 Northfield Parkway
Troy, MI 48084

- A. Non Testable Device: 4" VIKING Detector Check – Replace - with new testable device and re-test upon completion, a copy of the Backflow Preventer Test Report is included below for reference.

International Academy
1291 Torpey
Troy, MI 48083

- A. Non Testable Device: 4" VIKING Detector Check – Replace - with new testable device and re-test upon completion, a copy of the Backflow Preventer Test Report is included below for reference.

Barnard Elementary
3601 Forge Dr
Troy, MI 48083

- A. Device: ¾" WILKINS 975 XL Serial # 2391403 RPZ – Rebuild- failed RPZ device and re-test upon completion, a copy of the Backflow Preventer Test Report is included below for reference.

Hill Elementary
4600 Forsyth
Troy, MI 48085

- A. Device: 1 ½" FEBCO 825Y Serial # 250 RPZ – Rebuild - failed RPZ device and re-test upon completion, a copy of the Backflow Preventer Test Report is included below for reference.



City of Troy

BACKFLOW PREVENTER TEST REPORT

Cross Connection Control - 4693 Rochester Rd, Troy, MI 48085-4928
 248-524-3398 Desk 248-524-3520 Fax 248-524-3370 Ofc
 KAPCIAMR@TROYMI.GOV

THIS TEST REPORT IS DUE 5/31/2013

TEST YEAR 2013

LAST TEST STATUS

00/00/00 R: 2013_01_16

Property Occupant TROY SCHOOLS-BAKER MIDDLE SCHOOL		Contact	
Service Address 1359 TORPEY		Suite	City TROY St MI
Office Phone No. (248) 823-4600	Fax	Zip	48083

Contact TROY SCHOOLS-MAINTENANCE OPERATIONS		Name KEN MILLER	
Mailing Address 1140 RANKIN ST		City TROY	State MI Zip 48083-6003
Office Phone No. (248) 823-4050	Ext.	Fax (248) 823-4051	
E-Mail Address			

Assembly Make WATTS	Model 909	Serial No. 214142	Size 4.00	Type RP
Application CONTAINMENT FOR POTABLE WATER		Orientation- Horizontal <input checked="" type="checkbox"/> Vertical Up Flow <input type="checkbox"/> Vertical Down Flow <input type="checkbox"/>		
Location SOUTH EAST MAIN MECHANICAL ROOM		Height Above Floor or Ground 2 Feet		

Verify Proper Installation	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>	ALL PSID READINGS MUST BE RECORDED	<input type="checkbox"/>
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First Test Date - -		Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/>	Test Time 1245 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Supply Line Static Pressure
Test Gauge Make Midwest	Model 845	Serial 05131160	Last Annual Certification 5-14-13	
Status of Shutoff	During	#1 Check	#2 Check	RP Relief Valve (RV)
Valves During Test	#1 #2	C <input type="checkbox"/> L <input checked="" type="checkbox"/>	C <input checked="" type="checkbox"/> L <input type="checkbox"/>	Dripped <input type="checkbox"/> Malfunction <input checked="" type="checkbox"/>
Closed Tight	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	REQUIRED #2 Check	XXXX	1st Opening
Leaked	<input type="checkbox"/> <input type="checkbox"/>	3 Hose Back Pressure	5.4	Drip Point
Not Applicable	<input type="checkbox"/> <input type="checkbox"/>	REQUIRED #1 Check	48	Optional RV Flush
		2_Hose Direction of Flo	XXXX	Yes <input type="checkbox"/> No <input type="checkbox"/>
Status of Shutoff	Before	After	OPTIONAL #2 Check 2-Hose	Optional RV Full Open Test
Valves	#1 #2	#1 #2	Direction of Flow >>	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Valves On	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		
Valves Off	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		

ALL FAILED ASSEMBLIES MUST BE REPAIRED OR REPLACED WITHIN 15 DAYS BY A LICENSED PLUMBING CONTRACTOR

Second Test Date - -		Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Test Time	AM <input type="checkbox"/> PM <input type="checkbox"/>	Supply Line Static Pressure
Test Gauge Make	Model	Serial	Last Annual Certification - -		
Status of Shutoff	During	#1 Check	#2 Check	RP Relief Valve (RV)	
Valves During Test	#1 #2	C <input type="checkbox"/> L <input type="checkbox"/>	C <input type="checkbox"/> L <input type="checkbox"/>	Dripped <input type="checkbox"/> Malfunction <input type="checkbox"/>	
Closed Tight	<input type="checkbox"/> <input type="checkbox"/>	REQUIRED #2 Check	XXXX	1st Opening	
Leaked	<input type="checkbox"/> <input type="checkbox"/>	3 Hose Back Pressure		Drip Point	
Not Applicable	<input type="checkbox"/> <input type="checkbox"/>	REQUIRED #1 Check	XXXX	Optional RV Flush	
		2_Hose Direction of Flo		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Status of Shutoff	Before	After	OPTIONAL #2 Check 2-Hose	Optional RV Full Open Test	
Valves	#1 #2	#1 #2	Direction of Flow >>	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	
Valves On	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			
Valves Off	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			

The assembly listed above was tested in accordance with applicable standards and the results were true at the time of testing.

Testing Co Service Pro	Phone 248-712-9973	Fax
Address 94300 Grand River	City Novi	State MI Zip 48375
Tester's Name Shawn Jordan	Tester Signature Shawn Jordan	
Backflow Cert # 08-136	MI Plumbing License # 8112394	Plumbing Contractor License #

Periodic testing of backflow assemblies is required by the Michigan Plumbing Code and the State of Michigan DEQ to protect the water supply. There is no guarantee that this assembly will continue to operate because mechanical failure or contaminants in the water could cause the assembly to fail at any time.

Michigan Codes require owners, occupants, and agents to have all plumbing systems maintained in proper operating condition.



City of
Troy

Year 2006

ACCOUNT NO.

TEST REPORT DUE DATE
(TEST THE DEVICE IN THE MONTH DUE)

BACKFLOW PREVENTER TEST REPORT

Cross Connection Control - 4693 Rochester Rd, Troy, MI 48065-4928
248-524-3396 Desk 248-524-1541 Fax 248-524-3370 Ofc

Fixed number of pages.

PAGE OF

Device Last Tested

Property Occupant <i>Jarson Middle School</i>	Contact Person		
Property Address <i>2002 E Long Lake</i>	City <i>TROY</i>	State <i>MI</i>	Zip <i>48063</i>
Office Phone No.	Fax	Cell <i>8</i>	

Property Contact Co	Contact Person		
Mailing Address <i>2002 E Long Lake</i>	City <i>Troy</i>	State <i>MI</i>	Zip <i>48063</i>
Office Phone No.	Fax	Cell	
E-Mail Address			

Device Manufacturer <i>Watts</i>	Model <i>009M2</i>	Other I.D. No.
Verify Serial Number <i>40282</i>	Size of Device <i>1 1/4"</i>	Type of Device <i>RPZ</i>
Application <i>Restroom</i>		
Location <i>Mechanical room above door</i>		

For Double Check Valves, a "Direction of Flow" test method is preferred. At most a 2 pound backpressure test (Increasing Method) may be used. Record all psid readings to the first decimal point and round DOWN to the nearest 1/10th...or to 1/4" for Sight Tube Testing.

Format for date entries > mm - dd - yy	Fire System Downstream Static Gauge Pressure Before Testing PSI		
First Test Date <i>5-14-13</i>	Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/>	Time of Test <i>3:30</i> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Supply Line Static PSI <i>80</i>
Test Gauge Make <i>Midwest</i>	Model <i>845</i>	Serial	Annual Certification Date <i>5-14-13</i>
Double Check (dcv) or Reduced Pressure Assembly (rpz)		Vacuum Breaker (pvb) or (svb)	
#1 Shutoff <input checked="" type="checkbox"/> L <input type="checkbox"/> N/A <input type="checkbox"/>	#1 Check C <input type="checkbox"/> L <input checked="" type="checkbox"/>	#2 Check C <input type="checkbox"/> L <input type="checkbox"/>	Relief <input type="checkbox"/> M <input type="checkbox"/>
#2 Shutoff C <input checked="" type="checkbox"/> L <input type="checkbox"/> N/A <input type="checkbox"/>	PSID <i>3.0</i>	PSID	Drip Test PSID
RPZ #2 Check Valve "Direction of Flow (DOF)" confirmation test >>> DOF PSID		Relief Full Open Test	
		Pass <input type="checkbox"/> Fail <input type="checkbox"/>	

Double Check Backpressure Method <input type="checkbox"/>	Device returned to service - Valves On <input type="checkbox"/>
Double Check Direction of Flow Method <input type="checkbox"/>	Device removed from service - Valves Off <input type="checkbox"/>
NFA25 Fire System Main Drain Test Performed to verify all valves are left open <input type="checkbox"/>	

X Tester's Signature only for "Failed First test" report		Fire Permit Number >
(A Fire Protection Permit may be required for installations on fire systems.)		Plumbing Permit Number >
(A Plumbing Permit is required for all installations AND Permanent Removals.)		
Tester's Repairs/Notes:		Device Existing <input type="checkbox"/>
		Device Removed <input type="checkbox"/>
		Installation - New <input type="checkbox"/>
		Installation - Replacement <input type="checkbox"/>

Fill in the Second Test section only if repairs were needed after a Failed First Test or device was failed without testing.

Second Test Date - -	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Time of Test - - AM <input type="checkbox"/> PM <input type="checkbox"/>	Supply Line Static PSI
Test Gauge Make	Model	Serial	Annual Certification Date
Double Check or Reduced Pressure Assembly		Vacuum Breaker (pvb) or (svb)	
#1 Shutoff C <input type="checkbox"/> L <input type="checkbox"/> N/A <input type="checkbox"/>	#1 Check C <input type="checkbox"/> L <input type="checkbox"/>	#2 Check C <input type="checkbox"/> L <input type="checkbox"/>	Relief <input type="checkbox"/> M <input type="checkbox"/>
#2 Shutoff C <input type="checkbox"/> L <input type="checkbox"/> N/A <input type="checkbox"/>	PSID	PSID	Drip Test PSID
RPZ #2 Check Valve "Direction of Flow (DOF)" confirmation test >>> DOF PSID		Relief Full Open Test	
		Pass <input type="checkbox"/> Fail <input type="checkbox"/>	

1082406	Double Check Backpressure Method <input type="checkbox"/>	Device returned to service - Valves On <input type="checkbox"/>
Test gauges must be certified annually.	Double Check Direction of Flow Method <input type="checkbox"/>	Device removed from service - Valves Off <input type="checkbox"/>
Mailing labels are acceptable for Tester and Gauge information.	NFA25 Fire System Main Drain Test Performed to verify all valves are left open <input type="checkbox"/>	

Testing Company <i>Service Pro</i>	Phone <i>248-912-9773</i>
Address <i>44300 Grand River</i>	City <i>Novi</i> State <i>MI</i> Zip <i>48328</i>
Tester's Name (Printed)	Mich. Backflow Certification No. <i>08-126</i>
Tester's Signature only for "Completed" Report	Mich. Plumbing License No. <i>8112394</i>
	Mich. Contractor License No.

Affirmation: This device was tested per the required ASSE 5000 standards, with the above results being true at the time of testing.



City of
Troy

Year 2006

ACCOUNT NO.

TEST REPORT DUE DATE

(TEST THE DEVICE IN THE MONTH DUE)

BACKFLOW PREVENTER TEST REPORT

Cross Connection Control - 4693 Rochester Rd, Troy, MI 48065-4928
248-524-3398 Desk 248-524-1541 Fax 248-524-3370 Oric

Page number of pages.

PAGE ____ OF ____

Device Last Tested

Property Occupant	Jensen Middle School	Contact Person	
Property Address	2222 E Long Lake	City	TROY
Office Phone No.		State	MI
		Zip	48063
		Fax	
		Cell	

Property Contact Co		Contact Person	
Mailing Address	2222 E Long Lake	City	Troy
Office Phone No.		State	MI
		Zip	48063
		Fax	
		Cell	
E-Mail Address			

Device Manufacturer	Viking	Model	Detector clock	Other I.D. No.	
Verify Serial Number	NA	Size of Device	4"	Type of Device	Detector clock
Application	Fire Suppression				
Location	Above meter				

For Double Check Valves, a "Direction of Flow" test method is preferred. At most a 2 pound backpressure test (Increasing Method) may be used. Record all psid readings to the first decimal point and round DOWN to the nearest 1/10th...or to 1/4" for Sight Tube Testing.

Format for date entries > mm - dd - yy

Fire System Downstream Static Gauge Pressure Before Testing PSI

First Test Date	5 - 14 - 13	Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/>	Time of Test	5:15 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Supply Line Static PSI	80	
Test Gauge Make	Midwest	Model	845	Serial	05131160	Annual Certification Date	5-14-13

Double Check (dcv) or Reduced Pressure Assembly (rpz)		Vacuum Breaker (pnb) or (svb)	
#1 Shutoff C <input checked="" type="checkbox"/> L <input type="checkbox"/> N/A <input type="checkbox"/>	#1 Check C <input type="checkbox"/> L <input type="checkbox"/>	#2 Check C <input type="checkbox"/> L <input type="checkbox"/>	Relief <input type="checkbox"/> M <input type="checkbox"/>
#2 Shutoff C <input checked="" type="checkbox"/> L <input type="checkbox"/> N/A <input type="checkbox"/>	PSID	PSID	Drip Test PSID
RPZ #2 Check Valve "Direction of Flow (DOF)" confirmation test >>>		DOF PSID	Relief Full Open Test
		Pass <input type="checkbox"/> Fail <input type="checkbox"/>	BackPressure Test - Pass <input type="checkbox"/> Fail <input type="checkbox"/>

Double Check Backpressure Method ☐

Device returned to service - Valves On ☒

Double Check Direction of Flow Method ☐

Device removed from service - Valves Off ☐

* Tester's Signature only for "Failed First test" report

NFPA25 Fire System Main Drain Test Performed to verify all valves are left open ☐

(A Fire Protection Permit may be required for installations on fire systems.)

Fire Permit Number >

(A Plumbing Permit is required for all installations AND Permanent Removals.)

Plumbing Permit Number >

Tester's Repairs/Notes:

Device Existing ☐

Device Removed ☐

Installation - New ☐

Installation - Replacement ☐

Fill in the Second Test section only if repairs were needed after a Failed First Test or device was failed without testing.

Second Test Date	- -	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Time of Test	: AM <input type="checkbox"/> PM <input type="checkbox"/>	Supply Line Static PSI		
Test Gauge Make		Model		Serial		Annual Certification Date	

Double Check or Reduced Pressure Assembly		Vacuum Breaker (pnb) or (svb)	
#1 Shutoff C <input type="checkbox"/> L <input type="checkbox"/> N/A <input type="checkbox"/>	#1 Check C <input type="checkbox"/> L <input type="checkbox"/>	#2 Check C <input type="checkbox"/> L <input type="checkbox"/>	Relief <input type="checkbox"/> M <input type="checkbox"/>
#2 Shutoff C <input type="checkbox"/> L <input type="checkbox"/> N/A <input type="checkbox"/>	PSID	PSID	Drip Test PSID
RPZ #2 Check Valve "Direction of Flow (DOF)" confirmation test >>>		DOF PSID	Relief Full Open Test
		Pass <input type="checkbox"/> Fail <input type="checkbox"/>	BackPressure Test - Pass <input type="checkbox"/> Fail <input type="checkbox"/>

1062406

Test gauges must be certified annually.
Mailing labels are acceptable for
Tester and Gauge information.

Double Check Backpressure Method ☐

Device returned to service - Valves On ☐

Double Check Direction of Flow Method ☐

Device removed from service - Valves Off ☐

NFPA25 Fire System Main Drain Test Performed to verify all valves are left open ☐

Testing Company	ServicePro	Phone	248-90-7773
Address	44300 Grand River	City	Novi
		State	MI
		Zip	48375
Tester's Name (Printed)	Shawn Jordan	Mich. Backflow Certification No.	08-138
Tester's Signature only for "Completed" Report	SL	Mich. Plumbing License No.	8112394
		Mich. Contractor License No.	

Affirmation: This device was tested per the required ASSE 5000 standards, with the above results being true at the time of testing.

Not Testable



City of Troy

Last Tester: TROY SCHOOLS_FINDLEY

248-823-4050

THIS TEST REPORT IS DUE 5/31/2013

BACKFLOW PREVENTER TEST REPORT

TEST YEAR 2013

Cross Connection Control - 4693 Rochester Rd, Troy, MI 48085-4928
 248-524-3398 Desk 248-524-3520 Fax 248-524-3370 Ofc
 KAPCIAMR@TROYMI.GOV

LAST TEST STATUS
 PASS

04/27/09 R: 2013_01_16

Property Occupant TROY SCHOOLS-LEONARD ELEMENTARY		Contact	
Service Address 4401 TALLMAN		Suite	City TROY St MI
Office Phone No.	Fax	Zip	48085

Contact TROY SCHOOLS-MAINTENANCE OPERATIONS		Name KEN MILLER	
Mailing Address 1140 RANKIN ST		City TROY	State MI Zip 48083-6003
Office Phone No (248) 823-4050	Ext.	Fax (248) 823-4051	
E-Mail Address			

Assembly Make WATTS	Model 009QT	Serial No. 38923	Size 1.00	Type RP
Application CHILLER	Orientation- Horizontal	<input checked="" type="checkbox"/> Vertical Up Flow	<input type="checkbox"/> Vertical Down Flow	
Location MECHANICAL ROOM - NORTH SIDE OF BUILDING - MIDDLE			Height Above Floor or Ground 4	Feet

Verify Proper Installation		Pass <input checked="" type="checkbox"/>	Fail <input type="checkbox"/>	ALL PSID READINGS MUST BE RECORDED <input type="checkbox"/>	
First Test Date 5-15-13		Pass <input type="checkbox"/>	Fail <input checked="" type="checkbox"/>	Test Time 2:00	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
Supply Line Static Pressure 85					
Test Gauge Make Midwest	Model 845	Serial 05131160	Last Annual Certification 5-14-13		
Status of Shutoff During	#1 Check	#2 Check	RP Relief Valve (RV)		
Valves During Test	<input checked="" type="checkbox"/> C <input type="checkbox"/> L	<input checked="" type="checkbox"/> C <input type="checkbox"/> L	Dripped <input type="checkbox"/> Malfunction <input checked="" type="checkbox"/>		
Closed Tight <input checked="" type="checkbox"/>	REQUIRED #2 Check	XXXX	1st Opening Drip Point		
Leaked <input type="checkbox"/>	3 Hose Back Pressure	6.0	Optional RV Flush		
Not Applicable <input type="checkbox"/>	REQUIRED #1 Check	6.2	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	2_Hose Direction of Flo	XXXX	Optional RV Full Open Test		
Status of Shutoff Before	OPTIONAL #2 Check 2-Hose		Pass <input type="checkbox"/> Fail <input type="checkbox"/>		
Valves	Direction of Flow >>				
Valves On <input checked="" type="checkbox"/>					
Valves Off <input type="checkbox"/>					

ALL FAILED ASSEMBLIES MUST BE REPAIRED OR REPLACED WITHIN 15 DAYS BY A LICENSED PLUMBING CONTRACTOR

Second Test Date - -		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Test Time	AM <input type="checkbox"/> PM <input type="checkbox"/>	Supply Line Static Pressure
Test Gauge Make	Model	Serial	Last Annual Certification - -			
Status of Shutoff During	#1 Check	#2 Check	RP Relief Valve (RV)			
Valves During Test	<input type="checkbox"/> C <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> L	Dripped <input type="checkbox"/> Malfunction <input type="checkbox"/>			
Closed Tight <input type="checkbox"/>	REQUIRED #2 Check	XXXX	1st Opening Drip Point			
Leaked <input type="checkbox"/>	3 Hose Back Pressure		Optional RV Flush			
Not Applicable <input type="checkbox"/>	REQUIRED #1 Check	XXXX	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	2_Hose Direction of Flo		Optional RV Full Open Test			
Status of Shutoff Before	OPTIONAL #2 Check 2-Hose		Pass <input type="checkbox"/> Fail <input type="checkbox"/>			
Valves	Direction of Flow >>					
Valves On <input type="checkbox"/>						
Valves Off <input type="checkbox"/>						

The assembly listed above was tested in accordance with applicable standards and the results were true at the time of testing.

Testing Co Service Pro	Phone 248-922-9973	Fax
Address 44300 Grand River	City Novi	State MI Zip 48375
Tester's Name Shawn Jordan	Tester Signature	
Backflow Cert # 08-136	MI Plumbing License #	Plumbing Contractor License #

Periodic testing of backflow assemblies is required by the Michigan Plumbing Code and the State of Michigan DEQ to protect the water supply. There is no guarantee that this assembly will continue to operate because mechanical failure or contaminants in the water could cause the assembly to fail at any time.

Michigan Codes require owners, occupants, and agents to have all plumbing systems maintained in proper operating condition.

ONLY LICENSED PLUMBERS WORKING FOR LICENSED PLUMBING CONTRACTORS ARE ALLOWED TO TEST BACKFLOW ASSEMBLIES



**City of
Troy**

THIS TEST REPORT IS DUE 5/31/2013

BACKFLOW PREVENTER TEST REPORT

TEST YEAR 2013

Cross Connection Control - 4693 Rochester Rd, Troy, MI 48085-4928
248-524-3398 Desk 248-524-3520 Fax 248-524-3370 Ofc
KAPCIAMR@TROYMI.GOV

LAST TEST STATUS

00/00/00 R: 2013_01_16

Property Occupant TROY SCHOOLS-LEONARD ELEMENTARY		Contact	
Service Address 4401 TALLMAN		Suite	City TROY St MI
Office Phone No.	Fax	Zip	48085

Contact TROY SCHOOLS-MAINTENANCE OPERATIONS		Name KEN MILLER	
Mailing Address 1140 RANKIN ST		City TROY	State MI Zip 48083-6003
Office Phone No. (248) 823-4050	Ext.	Fax (248) 823-4051	
E-Mail Address			

Assembly Make WATTS	Model 07F	Serial No. 93480	Size 4.00	Type SCV
Application FIRE SYSTEM		Orientation- Horizontal	Vertical Up Flow <input checked="" type="checkbox"/>	Vertical Down Flow
Location MECHANICAL ROOM - NORTH SIDE OF BUILDING - MIDDLE			Height Above Floor or Ground 4	Feet

Verify Proper Installation		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	ALL PSID READINGS MUST BE RECORDED		Has Fire Pump <input type="checkbox"/>
Fire System Downstream (Riser) Gauge Pressure When Testing Fire Assembly		Before Test	During Main Drain Flush	After Flush		
First Test Date - -		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Test Time	AM <input type="checkbox"/>	PM <input type="checkbox"/>
Supply Line Static Pressure						
Test Gauge Make	Model	Serial	Last Annual Certification - -			
Status of Shutoff	During	#1 Check				
Valves During Test	#1 #2	Max 2.0 for DC's & SCV's		C <input type="checkbox"/> L <input type="checkbox"/>		
Closed Tight	<input type="checkbox"/>	3-Hose (BP)				
Leaked	<input type="checkbox"/>	Back Pressure Test				
Not Applicable	<input type="checkbox"/>	(PREFERRED) 2-Hose				
		(DOF) Direction of Flow				
Status of Shutoff	Before	After				
Valves	#1 #2	#1 #2				
Valves On	<input type="checkbox"/>	<input type="checkbox"/>	Fire Valves Locked After Test > Yes <input type="checkbox"/> No <input type="checkbox"/>			
Valves Off	<input type="checkbox"/>	<input type="checkbox"/>	No Locks <input type="checkbox"/>			
REQUIRED on Fire - Main Drain Test Performed to verify all valves are left open > Yes			No <input type="checkbox"/> No Drain <input type="checkbox"/>			

ALL FAILED ASSEMBLIES MUST BE REPAIRED OR REPLACED WITHIN 15 DAYS BY A LICENSED PLUMBING CONTRACTOR

Device Not Testable

35 1/4" Replacement Length

Fire System Downstream (Riser) Gauge Pressure When Testing Fire Assembly		Before Test	During Main Drain Flush	After Flush	
Second Test Date - -		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Test Time	AM <input type="checkbox"/>
Supply Line Static Pressure					
Test Gauge Make	Model	Serial	Last Annual Certification - -		
Status of Shutoff	During	#1 Check			
Valves During Test	#1 #2	Max 2.0 for DC's & SCV's		C <input type="checkbox"/> L <input type="checkbox"/>	
Closed Tight	<input type="checkbox"/>	3-Hose (BP)			
Leaked	<input type="checkbox"/>	Back Pressure Test			
Not Applicable	<input type="checkbox"/>	(PREFERRED) 2-Hose			
		(DOF) Direction of Flow			
Status of Shutoff	Before	After			
Valves	#1 #2	#1 #2			
Valves On	<input type="checkbox"/>	<input type="checkbox"/>	Fire Valves Locked After Test > Yes <input type="checkbox"/> No <input type="checkbox"/>		
Valves Off	<input type="checkbox"/>	<input type="checkbox"/>	No Locks <input type="checkbox"/>		
REQUIRED on Fire - Main Drain Test Performed to verify all valves are left open > Yes			No <input type="checkbox"/> No Drain <input type="checkbox"/>		

The assembly listed above was tested in accordance with applicable standards and the results were true at the time of testing.

Testing Co		Phone	Fax
Address		City	State Zip
Tester's Name		Tester Signature	
Backflow Cert #	MI Plumbing License #	Plumbing Contractor License #	

Periodic testing of backflow assemblies is required by the Michigan Plumbing Code and the State of Michigan DEQ to protect the water supply. There is no guarantee that this assembly will continue to operate because mechanical failure or contaminants in the water could cause the assembly to fail at any time.

Michigan Codes require owners, occupants, and agents to have all plumbing systems maintained in proper operating condition.



City of Troy

BACKFLOW PREVENTER TEST REPORT
 Cross Connection Control - 4693 Rochester Rd, Troy, MI 48085-4928
 248-524-3398 Desk 248-524-3520 Fax 248-524-3370 Ofc
 KAPCIAMR@TROYMI.GOV

THIS TEST REPORT IS DUE 5/31/2013

TEST YEAR 2013

LAST TEST STATUS

Property Occupant **TROY SCHOOLS-MAINTENANCE OPERATIONS** Contact **MONDO BELARDI**
 Service Address **1140 RANKIN** Suite City **TROY** St **MI**
 Office Phone No. (248) 823-4050 Fax Zip **48083-6003**

Contact **TROY SCHOOLS-MAINTENANCE OPERATIONS** Name **KEN MILLER**
 Mailing Address **1140 RANKIN ST** City **TROY** State **MI** Zip **48083-6003**
 Office Phone No (248) 823-4050 Ext. Fax (248) 823-4051
 E-Mail Address

Assembly Make **FEBCO** Model **765** Serial No. **61477** Size **1.00** Type **PVB**
 Application **LAWN SPRINKLER SYSTEM** Orientation- Upright Incorrect
 Location **OUTSIDE EAST WALL** Height Above Floor or Ground Feet

Verify Proper Installation Pass ☒ Fail ☐ **ALL PSID READINGS MUST BE RECORDED**

First Test Date 5-15-13 Pass ☐ Fail ☒ Test Time 3:30 AM ☐ PM ☒ Supply Line Static Pressure
 Test Gauge Make *Midwest* Model *845* Serial *OS131160* Last Annual Certification *5-14-13*

Status of Shutoff	During	Before	After
Valves	#1 #2	#1 #2	#1 #2
Closed Tight	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Leaked	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Not Applicable	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Valves On	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Valves Off	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Pressure Vacuum Breaker			
Air Inlet O	<input type="checkbox"/> M	Check C	<input type="checkbox"/> L
1-Hose PSID	<input type="checkbox"/>	1-Hose PSID	<input type="checkbox"/>
2-Hose Direction of Flow	<input type="checkbox"/>		
Check Valve Test PSID	<input type="checkbox"/>		
REQUIRED BackPressure	Pass	<input type="checkbox"/>	
Test of Assembly Piping	Fail	<input type="checkbox"/>	

ALL FAILED ASSEMBLIES MUST BE REPAIRED OR REPLACED WITHIN 15 DAYS BY A LICENSED PLUMBING CONTRACTOR

Device needs to be replaced

Second Test Date - - Pass ☐ Fail ☐ Test Time AM ☐ PM ☐ Supply Line Static Pressure
 Test Gauge Make Model Serial Last Annual Certification - -

Status of Shutoff	During	Before	After
Valves	#1 #2	#1 #2	#1 #2
Closed Tight	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Leaked	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Not Applicable	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Valves On	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Valves Off	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Pressure Vacuum Breaker			
Air Inlet O	<input type="checkbox"/> M	Check C	<input type="checkbox"/> L
1-Hose PSID	<input type="checkbox"/>	1-Hose PSID	<input type="checkbox"/>
2-Hose Direction of Flow	<input type="checkbox"/>		
Check Valve Test PSID	<input type="checkbox"/>		
REQUIRED BackPressure	Pass	<input type="checkbox"/>	
Test of Assembly Piping	Fail	<input type="checkbox"/>	

The assembly listed above was tested in accordance with applicable standards and the results were true at the time of testing.

Testing Co Phone Fax
 Address City State Zip
 Tester's Name Tester Signature
 Backflow Cert # MI Plumbing License # Plumbing Contractor License #

Periodic testing of backflow assemblies is required by the Michigan Plumbing Code and the State of Michigan DEQ to protect the water supply. There is no guarantee that this assembly will continue to operate because mechanical failure or contaminants in the water could cause the assembly to fail at any time. Michigan Codes require owners, occupants, and agents to have all plumbing systems maintained in proper operating condition.



City of Troy

BACKFLOW PREVENTER TEST REPORT

Cross Connection Control - 4693 Rochester Rd, Troy, MI 48085-4928
248-524-3398 Desk 248-524-3520 Fax 248-524-3370 Ofc
KAPCIAMR@TROYMI.GOV

THIS TEST REPORT IS DUE 5/31/2013

TEST YEAR 2013

LAST TEST STATUS

00/00/00 R. 2013_01_16

Property Occupant TROY SCHOOLS-HAMILTON ELEMENTARY		Contact	
Service Address 5625 NORTHFIELD PARKWAY		Suite	City TROY St MI
Office Phone No.	Fax	Zip	48098

Contact TROY SCHOOLS-MAINTENANCE OPERATIONS		Name KEN MILLER	
Mailing Address 1140 RANKIN ST		City TROY	State MI Zip 48083-6003
Office Phone No. (248) 823-4050 Ext.		Fax (248) 823-4051	
E-Mail Address			

Assembly Make WATTS	Model 700	Serial No. 7230-100168	Size 2.50	Type DC
Application FIRE SYSTEM		Orientation- Horizontal <input checked="" type="checkbox"/> Vertical Up Flow <input checked="" type="checkbox"/> Vertical Down Flow <input type="checkbox"/>		
Location WEST RECEIVING / METER ROOM		Height Above Floor or Ground 6 Feet		

Verify Proper Installation		Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>	ALL PSID READINGS MUST BE RECORDED		Has Fire Pump <input type="checkbox"/>
Fire System Downstream (Riser) Gauge Pressure When Testing Fire Assembly		Before Test 65	During Main Drain Flush	After Flush 65	
First Test Date 5-16-13		Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/>	Test Time 12:50 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Supply Line Static Pressure 65	
Test Gauge Make Midwest		Model 845	Serial OS131160	Last Annual Certification 5-14-13	
Status of Shutoff During		#1 Check	#2 Check		
Valves During Test		#1	#2		
Max 2.0 for DC's & SCV's		C <input type="checkbox"/> L <input checked="" type="checkbox"/>	C <input type="checkbox"/> L <input type="checkbox"/>		
3-Hose (BP)					
Back Pressure Test					
(PREFERRED) 2-Hose					
(DOF) Direction of Flow					
Status of Shutoff Before		#1	#2		
Valves		#1	#2		
Valves On		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Valves Off		<input type="checkbox"/>	<input type="checkbox"/>		
		Fire Valves Locked After Test > Yes <input type="checkbox"/> No <input type="checkbox"/>		No Locks <input type="checkbox"/> No Drain <input type="checkbox"/>	
REQUIRED on Fire - Main Drain Test Performed to verify all valves are left open > Yes <input type="checkbox"/> No <input type="checkbox"/> No Drain <input type="checkbox"/>					

ALL FAILED ASSEMBLIES MUST BE REPAIRED OR REPLACED WITHIN 15 DAYS BY A LICENSED PLUMBING CONTRACTOR

Fire System Downstream (Riser) Gauge Pressure When Testing Fire Assembly		Before Test	During Main Drain Flush	After Flush
Second Test Date		Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Test Time	Supply Line Static Pressure
Test Gauge Make		Model	Serial	Last Annual Certification
Status of Shutoff During		#1 Check	#2 Check	
Valves During Test		#1	#2	
Max 2.0 for DC's & SCV's		C <input type="checkbox"/> L <input type="checkbox"/>	C <input type="checkbox"/> L <input type="checkbox"/>	
3-Hose (BP)				
Back Pressure Test				
(PREFERRED) 2-Hose				
(DOF) Direction of Flow				
Status of Shutoff Before		#1	#2	
Valves		#1	#2	
Valves On		<input type="checkbox"/>	<input type="checkbox"/>	
Valves Off		<input type="checkbox"/>	<input type="checkbox"/>	
		Fire Valves Locked After Test > Yes <input type="checkbox"/> No <input type="checkbox"/>		No Locks <input type="checkbox"/> No Drain <input type="checkbox"/>
REQUIRED on Fire - Main Drain Test Performed to verify all valves are left open > Yes <input type="checkbox"/> No <input type="checkbox"/> No Drain <input type="checkbox"/>				

The assembly listed above was tested in accordance with applicable standards and the results were true at the time of testing.

Testing Co Service Pro	Phone 248-912-9970	Fax
Address 44300 Grand River	City Novi	State MI Zip 48375
Tester's Name Shawn Jordan	Tester Signature [Signature]	
Backflow Cert # 08-131	MI Plumbing License #	Plumbing Contractor License #

Periodic testing of backflow assemblies is required by the Michigan Plumbing Code and the State of Michigan DEQ to protect the water supply. There is no guarantee that this assembly will continue to operate because mechanical failure or contaminants in the water could cause the assembly to fail at any time.

Michigan Codes require owners, occupants, and agents to have all plumbing systems maintained in proper operating condition.



City of Troy

Last Tester:

TROY SCHOOLS_FINDLEY

248-823-4050

THIS TEST REPORT IS DUE 5/31/2013

BACKFLOW PREVENTER TEST REPORT

Cross Connection Control - 4693 Rochester Rd, Troy, MI 48085-4928

248-524-3398 Desk

248-524-3520 Fax

248-524-3370 Ofc

KAPCIAMR@TROYMI.GOV

TEST YEAR 2013

LAST TEST STATUS

PASS

05/13/09 R 2013_01_16

Property Occupant TROY SCHOOLS-TROY HIGH		Contact	
Service Address 4777 NORTHFIELD PARKWAY		Suite	City TROY St MI
Office Phone No.	Fax	Zip	48098

Contact TROY SCHOOLS-MAINTENANCE OPERATIONS		Name KEN MILLER	
Mailing Address 1140 RANKIN ST		City TROY	State MI Zip 48083-6003
Office Phone No (248) 823-4050	Ext.	Fax (248) 823-4051	
E-Mail Address			

Assembly Make WILKINS	Model 575RP	Serial No. Z13918	Size 2.50	Type RP
Application BOILER/CHILLER/COOLING TOWER		Orientation- Horizontal <input checked="" type="checkbox"/>	Vertical Up Flow	Vertical Down Flow
Location BOILER_CHILLER ROOM		Height Above Floor or Ground 11 Feet		

Verify Proper Installation	Pass <input checked="" type="checkbox"/>	Fail <input type="checkbox"/>	ALL PSID READINGS MUST BE RECORDED	<input type="checkbox"/>
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First Test Date 5-16-13		Pass <input type="checkbox"/>	Fail <input checked="" type="checkbox"/>	Test Time 1:30	AM <input type="checkbox"/>	PM <input checked="" type="checkbox"/>	Supply Line Static Pressure 33
Test Gauge Make Midwest		Model 845	Serial 65131160	Last Annual Certification 5-14-13			
Status of Shutoff During		#1 Check	#2 Check	RP Relief Valve (RV)			
Valves During Test		C <input type="checkbox"/> L <input type="checkbox"/>	C <input checked="" type="checkbox"/> L <input type="checkbox"/>	Dripped <input type="checkbox"/> Malfunction <input checked="" type="checkbox"/>			
Closed Tight <input checked="" type="checkbox"/>		REQUIRED #2 Check 3 Hose Back Pressure XXXX 10.6		1st Opening Drip Point <input type="checkbox"/>			
Leaked <input type="checkbox"/>		REQUIRED #1 Check 2_Hose Direction of Flo 10.0 XXXX		Optional RV Flush Yes <input type="checkbox"/> No <input type="checkbox"/>			
Not Applicable <input type="checkbox"/>				Optional RV Full Open Test Pass <input type="checkbox"/> Fail <input type="checkbox"/>			
Status of Shutoff Before		After		OPTIONAL #2 Check 2-Hose Direction of Flow >>			
Valves		#1 #2	#1 #2				
Valves On <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Valves Off <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>				

ALL FAILED ASSEMBLIES MUST BE REPAIRED OR REPLACED WITHIN 15 DAYS BY A LICENSED PLUMBING CONTRACTOR

Second Test Date - -		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Test Time	AM <input type="checkbox"/>	PM <input type="checkbox"/>	Supply Line Static Pressure
Test Gauge Make		Model	Serial	Last Annual Certification - -			
Status of Shutoff During		#1 Check	#2 Check	RP Relief Valve (RV)			
Valves During Test		C <input type="checkbox"/> L <input type="checkbox"/>	C <input type="checkbox"/> L <input type="checkbox"/>	Dripped <input type="checkbox"/> Malfunction <input type="checkbox"/>			
Closed Tight <input type="checkbox"/>		REQUIRED #2 Check 3 Hose Back Pressure XXXX .		1st Opening Drip Point <input type="checkbox"/>			
Leaked <input type="checkbox"/>		REQUIRED #1 Check 2_Hose Direction of Flo . XXXX		Optional RV Flush Yes <input type="checkbox"/> No <input type="checkbox"/>			
Not Applicable <input type="checkbox"/>				Optional RV Full Open Test Pass <input type="checkbox"/> Fail <input type="checkbox"/>			
Status of Shutoff Before		After		OPTIONAL #2 Check 2-Hose Direction of Flow >>			
Valves		#1 #2	#1 #2				
Valves On <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>				
Valves Off <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>				

The assembly listed above was tested in accordance with applicable standards and the results were true at the time of testing.

Testing Co Sema Pro		Phone 248-912-9973		Fax	
Address 94300 Grand River		City Novi		State MI Zip 48375	
Tester's Name Stan Jordan		Tester Signature [Signature]			
Backflow Cert # 08-136		MI Plumbing License # 8112394		Plumbing Contractor License #	

Periodic testing of backflow assemblies is required by the Michigan Plumbing Code and the State of Michigan DEQ to protect the water supply. There is no guarantee that this assembly will continue to operate because mechanical failure or contaminants in the water could cause the assembly to fail at any time.

Michigan Codes require owners, occupants, and agents to have all plumbing systems maintained in proper operating condition.



City of Troy

BACKFLOW PREVENTER TEST REPORT

Cross Connection Control - 4693 Rochester Rd, Troy, MI 48065-4928
248-524-3398 Desk 248-524-3520 Fax 248-524-3370 Ofc
KAPCIAMR@TROYMI.GOV

THIS TEST REPORT IS DUE 5/31/2013

TEST YEAR 2013

LAST TEST STATUS

00/00/00 R: 2013_01_16

Property Occupant TROY SCHOOLS-TROY HIGH		Contact	
Service Address 4777 NORTHFIELD PARKWAY		Suite	City TROY St MI
Office Phone No.	Fax	Zip	48098

Contact TROY SCHOOLS-MAINTENANCE OPERATIONS		Name KEN MILLER	
Mailing Address 1140 RANKIN ST		City TROY	State MI Zip 48083-6003
Office Phone No (248) 823-4050 Ext.		Fax (248) 823-4051	
E-Mail Address			

Assembly Make AMES	Model 2000SS	Serial No. M20132H0428	Size 6.00	Type DC
Application FIRE SYSTEM		Orientation- Horizontal <input checked="" type="checkbox"/> Vertical Up Flow	Vertical Down Flow	
Location BOILER CHILLER ROOM		Height Above Floor or Ground 2 Feet		

Verify Proper Installation		Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>	ALL PSID READINGS MUST BE RECORDED		Has Fire Pump <input checked="" type="checkbox"/>
Fire System Downstream (Riser) Gauge Pressure When Testing Fire Assembly		Before Test 65	During Main Drain Flush	After Flush 65	
First Test Date 5-16-13		Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/>	Test Time 2:25 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Supply Line Static Pressure 65	
Test Gauge Make Midwest		Model 845	Serial 05131160	Last Annual Certification 5-14-13	
Status of Shutoff During		#1 Check	#2 Check		
Valves During Test		#1	#2		
Closed Tight <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Leaked <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Not Applicable <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Max 2.0 for DC's & SCV's		C <input checked="" type="checkbox"/> L <input type="checkbox"/>	C <input checked="" type="checkbox"/> L <input type="checkbox"/>		
3-Hose (BP)		<input type="checkbox"/>	<input type="checkbox"/>		
Back Pressure Test		<input type="checkbox"/>	<input type="checkbox"/>		
(PREFERRED) 2-Hose		<input type="checkbox"/>	<input type="checkbox"/>		
(DOF) Direction of Flow		<input type="checkbox"/>	<input type="checkbox"/>		
Status of Shutoff Before		After			
Valves		#1	#2	#1	#2
Valves On <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Valves Off <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Valves Locked After Test > Yes <input type="checkbox"/> No <input type="checkbox"/> No Locks <input checked="" type="checkbox"/>					
REQUIRED on Fire - Main Drain Test Performed to verify all valves are left open > Yes <input type="checkbox"/> No <input type="checkbox"/> No Drain <input type="checkbox"/>					

ALL FAILED ASSEMBLIES MUST BE REPAIRED OR REPLACED WITHIN 15 DAYS BY A LICENSED PLUMBING CONTRACTOR

Fire System Downstream (Riser) Gauge Pressure When Testing Fire Assembly		Before Test	During Main Drain Flush	After Flush	
Second Test Date - -		Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Test Time AM <input type="checkbox"/> PM <input type="checkbox"/>	Supply Line Static Pressure	
Test Gauge Make		Model	Serial	Last Annual Certification - -	
Status of Shutoff During		#1 Check	#2 Check		
Valves During Test		#1	#2		
Closed Tight <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Leaked <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Not Applicable <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Max 2.0 for DC's & SCV's		C <input type="checkbox"/> L <input type="checkbox"/>	C <input type="checkbox"/> L <input type="checkbox"/>		
3-Hose (BP)		<input type="checkbox"/>	<input type="checkbox"/>		
Back Pressure Test		<input type="checkbox"/>	<input type="checkbox"/>		
(PREFERRED) 2-Hose		<input type="checkbox"/>	<input type="checkbox"/>		
(DOF) Direction of Flow		<input type="checkbox"/>	<input type="checkbox"/>		
Status of Shutoff Before		After			
Valves		#1	#2	#1	#2
Valves On <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Valves Off <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Valves Locked After Test > Yes <input type="checkbox"/> No <input type="checkbox"/> No Locks <input type="checkbox"/>					
REQUIRED on Fire - Main Drain Test Performed to verify all valves are left open > Yes <input type="checkbox"/> No <input type="checkbox"/> No Drain <input type="checkbox"/>					

The assembly listed above was tested in accordance with applicable standards and the results were true at the time of testing.

Testing Co Service Pro		Phone 248-912-9973		Fax
Address 44300 Grand River		City Novi	State MI	Zip 48375
Tester's Name Shan Jordan		Tester Signature		
Backflow Cert # 08-136	MI Plumbing License # 811394	Plumbing Contractor License #		

Periodic testing of backflow assemblies is required by the Michigan Plumbing Code and the State of Michigan DEQ to protect the water supply. There is no guarantee that this assembly will continue to operate because mechanical failure or contaminants in the water could cause the assembly to fail at any time.

Michigan Codes require owners, occupants, and agents to have all plumbing systems maintained in proper operating condition.



City of Troy

BACKFLOW PREVENTER TEST REPORT

Cross Connection Control - 4693 Rochester Rd, Troy, MI 48065-4928
248-524-3398 Desk 248-524-3520 Fax 248-524-3370 Ofc
KAPCIAMR@TROYMI.GOV

THIS TEST REPORT IS DUE 5/31/2013

TEST YEAR 2013

LAST TEST STATUS

00/00/00 R: 2013_01_16

Property Occupant TROY SCHOOLS-TROY HIGH		Contact	
Service Address 4777 NORTHFIELD PARKWAY		Suite	City TROY St MI
Office Phone No.	Fax	Zip	48098

Contact TROY SCHOOLS-MAINTENANCE OPERATIONS		Name KEN MILLER	
Mailing Address 1140 RANKIN ST		City TROY	State MI Zip 48083-6003
Office Phone No. (248) 823-4050 Ext.		Fax (248) 823-4051	
E-Mail Address			

Assembly Make FEBCO	Model 765	Serial No. AA4600	Size 2.00	Type PVB
Application LAWN SPRINKLER SYSTEM		Orientation-	Upright <input checked="" type="checkbox"/>	Incorrect
Location OUTSIDE EAST WALL OF CONCESSION BUILDING		Height Above Floor or Ground 6 Feet		

Verify Proper Installation		Pass <input checked="" type="checkbox"/>	Fail <input checked="" type="checkbox"/>	ALL PSID READINGS MUST BE RECORDED		<input type="checkbox"/>
First Test Date 5-16-13		Pass <input type="checkbox"/>	Fail <input checked="" type="checkbox"/>	Test Time 2:00	AM <input type="checkbox"/>	PM <input checked="" type="checkbox"/>
Supply Line Static Pressure						
Test Gauge Make Midwest		Model 845	Serial 0513180	Last Annual Certification 5-14-13		
Status of Shutoff		During		Pressure Vacuum Breaker		
Valves During Test		#1	#2	Air Inlet O <input type="checkbox"/> M <input type="checkbox"/> Check C <input type="checkbox"/> L <input type="checkbox"/>		
Closed Tight		<input type="checkbox"/>	<input type="checkbox"/>	1-Hose PSID		
Leaked		<input type="checkbox"/>	<input type="checkbox"/>	PSID		
Not Applicable		<input type="checkbox"/>	<input type="checkbox"/>	2-Hose Direction of Flow		
Status of Shutoff		Before		Check Valve Test PSID		
Valves		#1	#2	REQUIRED BackPressure		
Valves On		<input type="checkbox"/>	<input type="checkbox"/>	Test of Assembly Piping		
Valves Off		<input type="checkbox"/>	<input type="checkbox"/>	Pass		
		<input type="checkbox"/>	<input type="checkbox"/>	Fail		

ALL FAILED ASSEMBLIES MUST BE REPAIRED OR REPLACED WITHIN 15 DAYS BY A LICENSED PLUMBING CONTRACTOR

Valves shot/missing test port

Second Test Date		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Test Time	AM <input type="checkbox"/>	PM <input type="checkbox"/>	Supply Line Static Pressure
Test Gauge Make		Model	Serial	Last Annual Certification			
Status of Shutoff		During		Pressure Vacuum Breaker			
Valves During Test		#1	#2	Air Inlet O <input type="checkbox"/> M <input type="checkbox"/> Check C <input type="checkbox"/> L <input type="checkbox"/>			
Closed Tight		<input type="checkbox"/>	<input type="checkbox"/>	1-Hose PSID			
Leaked		<input type="checkbox"/>	<input type="checkbox"/>	PSID			
Not Applicable		<input type="checkbox"/>	<input type="checkbox"/>	2-Hose Direction of Flow			
Status of Shutoff		Before		Check Valve Test PSID			
Valves		#1	#2	REQUIRED BackPressure			
Valves On		<input type="checkbox"/>	<input type="checkbox"/>	Test of Assembly Piping			
Valves Off		<input type="checkbox"/>	<input type="checkbox"/>	Pass			
		<input type="checkbox"/>	<input type="checkbox"/>	Fail			

The assembly listed above was tested in accordance with applicable standards and the results were true at the time of testing.

Testing Co Service Pro		Phone 248-912-9173		Fax	
Address 44300 Greenfield		City Nov		State MI	Zip 48375
Tester's Name Shan Se...		Tester Signature SLC			
Backflow Cert # 08-136	MI Plumbing License # 8112394		Plumbing Contractor License #		

Periodic testing of backflow assemblies is required by the Michigan Plumbing Code and the State of Michigan DEQ to protect the water supply. There is no guarantee that this assembly will continue to operate because mechanical failure or contaminants in the water could cause the assembly to fail at any time.

Michigan Codes require owners, occupants, and agents to have all plumbing systems maintained in proper operating condition.



City of Troy

BACKFLOW PREVENTER TEST REPORT

Cross Connection Control - 4693 Rochester Rd, Troy, MI 48085-4928
248-524-3398 Desk 248-524-3520 Fax 248-524-3370 Ofc
KAPCIAMR@TROYMI.GOV

THIS TEST REPORT IS DUE 5/31/2013

TEST YEAR 2013

LAST TEST STATUS

00/00/00 R: 2013_G1_16

Property Occupant TROY SCHOOLS-TROY HIGH		Contact	
Service Address 4777 NORTHFIELD PARKWAY		Suite	City TROY St MI
Office Phone No. (248) 823-4000	Fax	Zip 48098-4799	

Contact TROY SCHOOLS-MAINTENANCE OPERATIONS		Name KEN MILLER	
Mailing Address 1140 RANKIN ST		City TROY	State MI Zip 48083-6003
Office Phone No. (248) 823-4050	Ext.	Fax (248) 823-4051	
E-Mail Address			

Assembly Make WILKINS	Model 575	Serial No. ?-264	Size 2.50	Type RP
Application POOL FILLER		Orientation- Horizontal <input checked="" type="checkbox"/> Vertical Up Flow <input type="checkbox"/> Vertical Down Flow <input type="checkbox"/>		
Location POOL FILLER ROOM		Height Above Floor or Ground 10 Feet		

Verify Proper Installation		Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>	ALL PSID READINGS MUST BE RECORDED		<input type="checkbox"/>
First Test Date 5-16-13		Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/>	Test Time 145 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Supply Line Static Pressure	
Test Gauge Make Middex		Model 845	Serial 65131160	Last Annual Certification 5-14-13	
Status of Shutoff During		#1 Check	#2 Check	RP Relief Valve (RV)	
Valves During Test #1 #2		C <input type="checkbox"/> L <input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/>		Dripped <input type="checkbox"/> Malfunction <input type="checkbox"/>	
Closed Tight <input type="checkbox"/>		REQUIRED #2 Check	XXXX	1st Opening	
Leaked <input type="checkbox"/>		3 Hose Back Pressure		Drip Point	
Not Applicable <input type="checkbox"/>		REQUIRED #1 Check	XXXX	Optional RV Flush	
		2_Hose Direction of Flo		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Status of Shutoff Before		OPTIONAL #2 Check 2-Hose		Optional RV Full Open Test	
Valves #1 #2		Direction of Flow >>		Pass <input type="checkbox"/> Fail <input type="checkbox"/>	
Valves On <input type="checkbox"/>					
Valves Off <input type="checkbox"/>					

ALL FAILED ASSEMBLIES MUST BE REPAIRED OR REPLACED WITHIN 15 DAYS BY A LICENSED PLUMBING CONTRACTOR

THIS ASSEMBLY IS NOT NEEDED PROVIDING ALL PIPING DOWNSTREAM IS AIR GAPPED.

Second Test Date		Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Test Time	AM <input type="checkbox"/> PM <input type="checkbox"/>	Supply Line Static Pressure
Test Gauge Make		Model	Serial	Last Annual Certification	
Status of Shutoff During		#1 Check	#2 Check	RP Relief Valve (RV)	
Valves During Test #1 #2		C <input type="checkbox"/> L <input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/>		Dripped <input type="checkbox"/> Malfunction <input type="checkbox"/>	
Closed Tight <input type="checkbox"/>		REQUIRED #2 Check	XXXX	1st Opening	
Leaked <input type="checkbox"/>		3 Hose Back Pressure		Drip Point	
Not Applicable <input type="checkbox"/>		REQUIRED #1 Check	XXXX	Optional RV Flush	
		2_Hose Direction of Flo		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Status of Shutoff Before		OPTIONAL #2 Check 2-Hose		Optional RV Full Open Test	
Valves #1 #2		Direction of Flow >>		Pass <input type="checkbox"/> Fail <input type="checkbox"/>	
Valves On <input type="checkbox"/>					
Valves Off <input type="checkbox"/>					

The assembly listed above was tested in accordance with applicable standards and the results were true at the time of testing.

Testing Co Servic Pro		Phone 248-910-9973		Fax
Address 44300 Greenwood		City Novi	State MI	Zip 48375
Tester's Name Shawn Seider		Tester Signature [Signature]		
Backflow Cert # 08-136	MI Plumbing License # 8112374	Plumbing Contractor License #		

Periodic testing of backflow assemblies is required by the Michigan Plumbing Code and the State of Michigan DEQ to protect the water supply. There is no guarantee that this assembly will continue to operate because mechanical failure or contaminants in the water could cause the assembly to fail at any time.

Michigan Codes require owners, occupants, and agents to have all plumbing systems maintained in proper operating condition.



City of Troy

BACKFLOW PREVENTER TEST REPORT

Cross Connection Control - 4693 Rochester Rd, Troy, MI 48085-4928
248-524-3398 Desk 248-524-3520 Fax 248-524-3370 Ofc
KAPCIAMR@TROYMI.GOV

THIS TEST REPORT IS DUE 5/31/2013

TEST YEAR 2013

LAST TEST STATUS

00/00/00 R: 2013_01

Property Occupant TROY SCHOOLS-BEMIS ELEMENTARY

Service Address 3571 NORTHFIELD PARKWAY

Office Phone No.

Fax

Contact

Suite

City TROY

St MI

Zip 48084-145

Contact TROY SCHOOLS-MAINTENANCE OPERATIONS

Mailing Address 1140 RANKIN ST

Office Phone No (248) 823-4050

Ext.

City TROY

Name KEN MILLER

E-Mail Address

Fax (248) 823-4051

State MI

Zip 48083-6003

Assembly Make KENNEDY

Model A2

Application FIRE SYSTEM

Serial No. 4D27(A)

Size 2.50

Type DC

Location NORTH WEST RECEIVING ROOM

Orientation- Horizontal

Vertical Up Flow ☒

Vertical Down Flow

Height Above Floor or Ground 6 Feet

Verify Proper Installation

Pass ☒Fail ☐

ALL PSID READINGS MUST BE RECORDED

Has Fire Pump ☐

Fire System Downstream (Riser) Gauge Pressure When Testing Fire Assembly Before Test 90 During Main Drain Flush After Flush 90

First Test Date 5-16-13

Pass ☐Fail ☒

Test Time 3:00

AM ☐PM ☒

Supply Line Static Pressure

Test Gauge Make Midwest

Model 845

Serial 05131160

Last Annual Certification 5-14-13

Status of Shutoff During

Valves During Test

#1

#2

Max 2.0 for DC's & SCV's

#1 Check

#2 Check

Closed Tight

Leaked

Not Applicable

3-Hose (BP)

Back Pressure Test

(PREFERRED) 2-Hose

(DOF) Direction of Flow

Status of Shutoff Before

Valves

#1

#2

Valves On

Valves Off

#1

#2

REQUIRED on Fire - Main Drain Test Performed to verify all valves are left open > Yes

No

No Locks

No Drain

ALL FAILED ASSEMBLIES MUST BE REPAIRED OR REPLACED WITHIN 15 DAYS BY A LICENSED PLUMBING CONTRACTOR

Fire System Downstream (Riser) Gauge Pressure When Testing Fire Assembly

Second Test Date

Pass ☐Fail ☐

Test Time

Before Test

During Main Drain Flush

After Flush

Test Gauge Make

Model

Serial

Supply Line Static Pressure

Status of Shutoff During

Valves During Test

#1

#2

Closed Tight

Leaked

Not Applicable

Max 2.0 for DC's & SCV's

#1 Check

#2 Check

3-Hose (BP)

Back Pressure Test

(PREFERRED) 2-Hose

(DOF) Direction of Flow

Status of Shutoff Before

Valves

#1

#2

Valves On

Valves Off

#1

#2

REQUIRED on Fire - Main Drain Test Performed to verify all valves are left open > Yes

No

No Locks

No Drain

The assembly listed above was tested in accordance with applicable standards and the results were true at the time of testing.

Testing Co Service Pro

Address 44300 Grand River

City Novi

Phone 248-972-7973

Fax

Tester's Name Shain Jend

State MI

Zip 48375

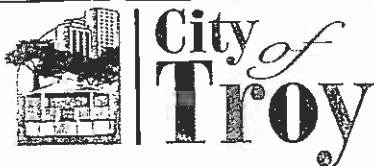
Backflow Cert # 08-136

MI Plumbing License # 8112394

Tester Signature

Plumbing Contractor License #

Periodic testing of backflow assemblies is required by the Michigan Plumbing Code and the State of Michigan DEQ to protect the water supply. There is no guarantee that this assembly will continue to operate because mechanical failure or contaminants in the water could cause the assembly to fail at any time. Michigan Codes require owners, occupants, and agents to have all plumbing systems maintained in proper operation.



THIS TEST REPORT IS DUE 5/31/20

BACKFLOW PREVENTER TEST REPORT

Cross Connection Control - 4693 Rochester Rd, Troy, MI 48085-4928
 248-524-3398 Desk 248-524-3520 Fax 248-524-3370 Ofc

TEST YEAR 2013

LAST TEST STATUS

KAPCIAMR@TROYMI.GOV

00/00/00 R 2013_C1_16

Property Occupant TROY SCHOOLS-BOULAN MIDDLE SCHOOL		Contact	
Service Address 3570 NORTHFIELD PARKWAY		Suite	City TROY St MI
Office Phone No.	Fax	Zip	48084

Contact TROY SCHOOLS-MAINTENANCE OPERATIONS		Name KEN MILLER	
Mailing Address 1140 RANKIN ST		City TROY	State MI Zip 48083-6003
Office Phone No (248) 823-4050 Ext.		Fax (248) 823-4051	
E-Mail Address			

Assembly Make VIKING	Model A1	Serial No. 7-232	Size 4.00	Type DC
Application FIRE SYSTEM		Orientation- Horizontal <input checked="" type="checkbox"/> Vertical Up Flow <input type="checkbox"/> Vertical Down Flow <input type="checkbox"/>	Height Above Floor or Ground 6 Feet	
Location SOUTH WEST METER ROOM				

Verify Proper Installation Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>		ALL PSID READINGS MUST BE RECORDED		Has Fire Pump <input type="checkbox"/>
Fire System Downstream (Riser) Gauge Pressure When Testing Fire Assembly		Before Test	During Main Drain Flush	After Flush
First Test Date 5-16-13		Pass <input type="checkbox"/> Fail <input type="checkbox"/> Test Time 400 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Supply Line Static Pressure	
Test Gauge Make		Model	Serial	Last Annual Certification - -
Status of Shutoff	During	#1 Check	#2 Check	
Valves During Test	#1 #2	Max 2.0 for DC's & SCV's	C <input type="checkbox"/> L <input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/>	
Closed Tight	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	3-Hose (BP)		
Leaked	<input type="checkbox"/> <input type="checkbox"/>	Back Pressure Test	.	.
Not Applicable	<input type="checkbox"/> <input type="checkbox"/>	(PREFERRED) 2-Hose		
		(DOF) Direction of Flow	.	.
Status of Shutoff	Before	After		
Valves	#1 #2	#1 #2		
Valves On	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		
Valves Off	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
		Fire Valves Locked After Test > Yes <input type="checkbox"/> No <input type="checkbox"/> No Locks <input type="checkbox"/> No Drain <input type="checkbox"/>		
REQUIRED on Fire - Main Drain Test Performed to verify all valves are left open > Yes <input type="checkbox"/> No <input type="checkbox"/> No Locks <input type="checkbox"/> No Drain <input type="checkbox"/>				

ALL FAILED ASSEMBLIES MUST BE REPAIRED OR REPLACED WITHIN 15 DAYS BY A LICENSED PLUMBING CONTRACTOR

Not testable

OBSOLETE ASSEMBLY. PLEASE BUDGET FOR FUTURE REPLACEMENT.

Fire System Downstream (Riser) Gauge Pressure When Testing Fire Assembly		Before Test	During Main Drain Flush	After Flush
Second Test Date - -		Pass <input type="checkbox"/> Fail <input type="checkbox"/> Test Time	AM <input type="checkbox"/> PM <input type="checkbox"/>	Supply Line Static Pressure
Test Gauge Make		Model	Serial	Last Annual Certification - -
Status of Shutoff	During	#1 Check	#2 Check	
Valves During Test	#1 #2	Max 2.0 for DC's & SCV's	C <input type="checkbox"/> L <input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/>	
Closed Tight	<input type="checkbox"/> <input type="checkbox"/>	3-Hose (BP)		
Leaked	<input type="checkbox"/> <input type="checkbox"/>	Back Pressure Test	.	.
Not Applicable	<input type="checkbox"/> <input type="checkbox"/>	(PREFERRED) 2-Hose		
		(DOF) Direction of Flow	.	.
Status of Shutoff	Before	After		
Valves	#1 #2	#1 #2		
Valves On	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
Valves Off	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
		Fire Valves Locked After Test > Yes <input type="checkbox"/> No <input type="checkbox"/> No Locks <input type="checkbox"/> No Drain <input type="checkbox"/>		
REQUIRED on Fire - Main Drain Test Performed to verify all valves are left open > Yes <input type="checkbox"/> No <input type="checkbox"/> No Locks <input type="checkbox"/> No Drain <input type="checkbox"/>				

The assembly listed above was tested in accordance with applicable standards and the results were true at the time of testing.

Testing Co Service Pro		Phone 248-90-7773	Fax
Address 94300 Grand River		City Novi	State MI Zip 48325
Tester's Name Shawn Ford		Tester Signature [Signature]	
Backflow Cert # 18-136		MI Plumbing License # 812304	Plumbing Contractor License #

Periodic testing of backflow assemblies is required by the Michigan Plumbing Code and the State of Michigan DEQ to protect the water supply. There is no guarantee that this assembly will continue to operate because mechanical failure or contaminants in the water could cause the assembly to fail at any time.

Michigan Codes require owners, occupants, and agents to have all plumbing systems maintained in proper operating condition.



City of Troy

BACKFLOW PREVENTER TEST REPORT

Cross Connection Control - 4693 Rochester Rd, Troy, MI 48065-4928
248-524-3398 Desk 248-524-3520 Fax 248-524-3370 Ofc
KAPCIAMR@TROYMI.GOV

THIS TEST REPORT IS DUE 5/31/2013

TEST YEAR 2013

LAST TEST STATUS

00/00/00 R: 2013_01_16

Property Occupant TROY SCHOOLS-INTERNATIONAL ACADEMY		Contact	
Service Address 1291 TORPEY		Suite	City TROY St MI
Office Phone No. (248) 823-4600	Fax	Zip	48083-5400

Contact TROY SCHOOLS-MAINTENANCE OPERATIONS		Name KEN MILLER	
Mailing Address 1140 RANKIN ST		City TROY	State MI Zip 48083-6003
Office Phone No. (248) 823-4050	Ext.	Fax (248) 823-4051	
E-Mail Address			

Assembly Make VIKING	Model UNKNOWN	Serial No. 2-252	Size 4.00	Type SCV
Application FIRE SYSTEM		Orientation- Horizontal <input checked="" type="checkbox"/> Vertical Up Flow	Vertical Down Flow	
Location CHILLER ROOM NEXT TO STAGE			Height Above Floor or Ground 8 Feet	

Verify Proper Installation		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	ALL PSID READINGS MUST BE RECORDED		Has Fire Pump <input type="checkbox"/>
Fire System Downstream (Riser) Gauge Pressure When Testing Fire Assembly		Before Test	During Main Drain Flush	After Flush		
First Test Date - -		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Test Time	AM <input type="checkbox"/>	PM <input type="checkbox"/>
Supply Line Static Pressure						
Test Gauge Make	Model	Serial	Last Annual Certification - -			
Status of Shutoff	During	#1 Check				
Valves During Test	#1 #2	Max 2.0 for DC's & SCV's		C <input type="checkbox"/> L <input type="checkbox"/>		
Closed Tight	<input type="checkbox"/>	3-Hose (BP)				
Leaked	<input type="checkbox"/>	Back Pressure Test		.		
Not Applicable	<input type="checkbox"/>	(PREFERRED) 2-Hose				
		(DOF) Direction of Flow		.		
Status of Shutoff	Before	After				
Valves	#1 #2	#1 #2				
Valves On	<input type="checkbox"/>	<input type="checkbox"/>				
Valves Off	<input type="checkbox"/>	<input type="checkbox"/>				
			Fire Valves Locked After Test > Yes <input type="checkbox"/> No <input type="checkbox"/> No Locks <input type="checkbox"/>			
			REQUIRED on Fire - Main Drain Test Performed to verify all valves are left open > Yes <input type="checkbox"/> No <input type="checkbox"/> No Drain <input type="checkbox"/>			

ALL FAILED ASSEMBLIES MUST BE REPAIRED OR REPLACED WITHIN 15 DAYS BY A LICENSED PLUMBING CONTRACTOR

NOT A Testable Device

Fire System Downstream (Riser) Gauge Pressure When Testing Fire Assembly		Before Test	During Main Drain Flush	After Flush		
Second Test Date - -		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Test Time	AM <input type="checkbox"/>	PM <input type="checkbox"/>
Supply Line Static Pressure						
Test Gauge Make	Model	Serial	Last Annual Certification - -			
Status of Shutoff	During	#1 Check				
Valves During Test	#1 #2	Max 2.0 for DC's & SCV's		C <input type="checkbox"/> L <input type="checkbox"/>		
Closed Tight	<input type="checkbox"/>	3-Hose (BP)				
Leaked	<input type="checkbox"/>	Back Pressure Test		.		
Not Applicable	<input type="checkbox"/>	(PREFERRED) 2-Hose				
		(DOF) Direction of Flow		.		
Status of Shutoff	Before	After				
Valves	#1 #2	#1 #2				
Valves On	<input type="checkbox"/>	<input type="checkbox"/>				
Valves Off	<input type="checkbox"/>	<input type="checkbox"/>				
			Fire Valves Locked After Test > Yes <input type="checkbox"/> No <input type="checkbox"/> No Locks <input type="checkbox"/>			
			REQUIRED on Fire - Main Drain Test Performed to verify all valves are left open > Yes <input type="checkbox"/> No <input type="checkbox"/> No Drain <input type="checkbox"/>			

The assembly listed above was tested in accordance with applicable standards and the results were true at the time of testing.

Testing Co		Phone	Fax
Address		City	State Zip
Tester's Name		Tester Signature	
Backflow Cert #	MI Plumbing License #	Plumbing Contractor License #	

Periodic testing of backflow assemblies is required by the Michigan Plumbing Code and the State of Michigan DEQ to protect the water supply. There is no guarantee that this assembly will continue to operate because mechanical failure or contaminants in the water could cause the assembly to fail at any time.

Michigan Codes require owners, occupants, and agents to have all plumbing systems maintained in proper operating condition.



BACKFLOW PREVENTER TEST REPORT
Cross Connection Control - 4693 Rochester Rd, Troy, MI 48085-4928
248-524-3398 Desk 248-524-3520 Fax 248-524-3370 Ofc
KAPCIAMR@TROYMI.GOV

Last Tester: TROY SCHOOLS_FINDLEY 248-823-4050
THIS TEST REPORT IS DUE 5/31/2013
TEST YEAR 2013
LAST TEST STATUS FAIL
00/00/00 R: 2013_01_16

Property Occupant TROY SCHOOLS-BARNARD ELEMENTARY Contact
Service Address 3601 FORGE Suite City TROY St MI
Office Phone No. Fax Zip 48083

Contact TROY SCHOOLS-MAINTENANCE OPERATIONS Name KEN MILLER
Mailing Address 1140 RANKIN ST City TROY State MI Zip 48083-6003
Office Phone No (248) 823-4050 Ext. Fax (248) 823-4051
E-Mail Address

Assembly Make WILKINS Model 975XL Serial No. 2391403 Size 0.75 Type RP
Application BOILER Orientation- Horizontal ☒ Vertical Up Flow ☐ Vertical Down Flow ☐
Location MECHANICAL ROOM NEXT TO THE MUSIC ROOM - 12' UP Height Above Floor or Ground 12 Feet

Verify Proper Installation Pass ☒ Fail ☐ ALL PSID READINGS MUST BE RECORDED ☐

First Test Date 5-22-13 Pass ☒ Fail ☐ Test Time 1:15 AM ☐ PM ☒ Supply Line Static Pressure 82

Test Gauge Make MID WEST Model 845 Serial C8110120 Last Annual Certification 08-01-12

Status of Shutoff	During	#1 Check	#2 Check	RP Relief Valve (RV)
Valves During Test	#1 #2	C <input type="checkbox"/> L <input checked="" type="checkbox"/>	C <input type="checkbox"/> L <input type="checkbox"/>	Dripped <input type="checkbox"/> Malfunction <input type="checkbox"/>
Closed Tight	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	REQUIRED #2 Check	XXXX	1st Opening
Leaked	<input type="checkbox"/> <input type="checkbox"/>	3 Hose Back Pressure		Drip Point
Not Applicable	<input type="checkbox"/> <input type="checkbox"/>	REQUIRED #1 Check	0.0 XXXXX	Optional RV Flush
		2_Hose Direction of Flo		Yes <input type="checkbox"/> No <input type="checkbox"/>
Status of Shutoff	Before After	OPTIONAL #2 Check 2-Hose		Optional RV Full Open Test
Valves	#1 #2 #1 #2	Direction of Flow >>		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Valves On	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>			
Valves Off	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

ALL FAILED ASSEMBLIES MUST BE REPAIRED OR REPLACED WITHIN 15 DAYS BY A LICENSED PLUMBING CONTRACTOR

Second Test Date - - Pass ☐ Fail ☐ Test Time AM ☐ PM ☐ Supply Line Static Pressure

Test Gauge Make Model Serial Last Annual Certification - -

Status of Shutoff	During	#1 Check	#2 Check	RP Relief Valve (RV)
Valves During Test	#1 #2	C <input type="checkbox"/> L <input type="checkbox"/>	C <input type="checkbox"/> L <input type="checkbox"/>	Dripped <input type="checkbox"/> Malfunction <input type="checkbox"/>
Closed Tight	<input type="checkbox"/> <input type="checkbox"/>	REQUIRED #2 Check	XXXX	1st Opening
Leaked	<input type="checkbox"/> <input type="checkbox"/>	3 Hose Back Pressure		Drip Point
Not Applicable	<input type="checkbox"/> <input type="checkbox"/>	REQUIRED #1 Check	XXXX	Optional RV Flush
		2_Hose Direction of Flo		Yes <input type="checkbox"/> No <input type="checkbox"/>
Status of Shutoff	Before After	OPTIONAL #2 Check 2-Hose		Optional RV Full Open Test
Valves	#1 #2 #1 #2	Direction of Flow >>		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Valves On	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Valves Off	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

The assembly listed above was tested in accordance with applicable standards and the results were true at the time of testing.

Testing Co Service Pro Phone 2489129973 Fax 2489129925

Address 44300 Grand River Ave City Novi State MI Zip 48375

Tester's Name Sam Amato Tester Signature Sam Amato

Backflow Cert # 05234 MI Plumbing License # 8221331 Plumbing Contractor License #

Periodic testing of backflow assemblies is required by the Michigan Plumbing Code and the State of Michigan DEQ to protect the water supply. There is no guarantee that this assembly will continue to operate because mechanical failure or contaminants in the water could cause the assembly to fail at any time. Michigan Codes require owners, occupants, and agents to have all plumbing systems maintained in proper operating condition.



BACKFLOW PREVENTER TEST REPORT
 Cross Connection Control - 4693 Rochester Rd, Troy, MI 48085-4928
 248-524-3398 Desk 248-524-3520 Fax 248-524-3370 Ofc
 KAPCIAMR@TROYMI.GOV

THIS TEST REPORT IS DUE 5/31/2013

TEST YEAR 2013

LAST TEST STATUS

00/00/00 R. 2013_01_16

Property Occupant TROY SCHOOLS-HILL ELEMENTARY		Contact	
Service Address 4600 FORSYTH		Suite	City TROY St MI
Office Phone No.	Fax	Zip	48085-3794

Contact TROY SCHOOLS-MAINTENANCE OPERATIONS		Name KEN MILLER	
Mailing Address 1140 RANKIN ST		City TROY	State MI Zip 48083-6003
Office Phone No (248) 823-4050	Ext.	Fax (248) 823-4051	
E-Mail Address			

Assembly Make FEBCO	Model 825Y	Serial No. 7-250	Size 1.50	Type RP
Application BOILER		Orientation- Horizontal <input checked="" type="checkbox"/> Vertical Up Flow	Vertical Down Flow	
Location MECHANICAL ROOM - SOUTH SIDE 10' UP			Height Above Floor or Ground 10	Feet

Verify Proper Installation		Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>	ALL PSID READINGS MUST BE RECORDED		<input type="checkbox"/>																																												
First Test Date <u>5-22-13</u>		Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/>	Test Time <u>230</u>	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Supply Line Static Pressure <u>55</u>																																												
Test Gauge Make <u>MID WEST</u>		Model <u>845</u>	Serial <u>08910120</u>	Last Annual Certification - -																																													
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ALL FAILED ASSEMBLIES MUST BE REPAIRED OR REPLACED WITHIN 15 DAYS BY A LICENSED PLUMBING CONTRACTOR

First check failed. We will quote to rebuild devise & retest.

Second Test Date - -		Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Test Time	AM <input type="checkbox"/> PM <input type="checkbox"/>	Supply Line Static Pressure																																												
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The assembly listed above was tested in accordance with applicable standards and the results were true at the time of testing.

Testing Co <u>Service Pro</u>		Phone <u>248-912-9973</u>	Fax <u>248-912-9975</u>
Address <u>44300 Grand River</u>		City <u>Novi</u>	State <u>MI</u> Zip <u>48375</u>
Tester's Name <u>Sam Amato</u>		Tester Signature <u>Sam Amato</u>	
Backflow Cert # <u>05-234</u>	MI Plumbing License # <u>8221331</u>	Plumbing Contractor License #	

Periodic testing of backflow assemblies is required by the Michigan Plumbing Code and the State of Michigan DEQ to protect the water supply. There is no guarantee that this assembly will continue to operate because mechanical failure or contaminants in the water could cause the assembly to fail at any time.

Michigan Codes require owners, occupants, and agents to have all plumbing systems maintained in proper operating condition.



DUE: 2:00 p.m., July 2 , 2013
PROPOSAL: BID NO. 9763 Backflow Devices

PROPOSAL FORM

We propose to furnish, deliver and install Backflow Devices - Rebuild and or Replace for Troy Schools in accordance with the specifications:

Grand Total \$_____

BIDDER'S FIRM NAME _____

ADDRESS _____

CITY/STATE _____ ZIP _____

TELEPHONE NUMBER _____ FAX # _____

SIGNED BY _____ TITLE _____

TYPED NAME _____ DATE _____

E-MAIL ADDRESS _____

SWORN AND NOTARIZED FAMILIAL DISCLOSURE STATEMENT

All Vendor/Contractor(s) submitting proposals must provide familial disclosure and attach this information to the proposal. The proposal will be accompanied by a sworn and notarized statement disclosing any familial relationship that exists between the owner or key employee of the vendor submitting a proposal and any member of the Troy School Board or the Troy School Superintendent. The District will not accept a proposal that does not include this sworn and notarized disclosure statement.

The members of Troy School Board are: Nancy Philippart, Todd Milette, Paula Fleming, Ida Edmunds, Wendy Underwood, Gary Hauff and Karl Schmidt. The Troy Schools Superintendent is Dr. Barbara Fowler.

The following are the familial relationship(s):

	<u>Owner/Employee Name</u>	<u>Related to:</u>	<u>Relationship</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Attach additional pages if necessary to disclose familial relationships.

There is no familial relationship that exists between the owner or key employee of the Vendor/Contractor(s) submitting a proposal and any member of the Troy School Board, or the Troy Schools Superintendent.

INDIVIDUAL/FIRM NAME _____

BY (SIGNATURE) _____

PRINTED NAME AND TITLE _____

Subscribed and sworn before me, this _____

Seal:

day of _____, 20 ____, a Notary Public

in and for _____ County, _____

(Signature)
NOTARY PUBLIC

My Commission expires _____

CERTIFICATION OF COMPLIANCE – IRAN ECONOMIC SANCTIONS ACT

Michigan Public Act No. 517 of 2012

The undersigned, the owner, or authorized officer of the below-named Company, pursuant to the compliance certification requirement provided in Troy School District's Request For Proposal, the "RFP", hereby certifies, represents, and warrants that the Company and its officers, directors and employees, is not an "Iran Linked Business" within the meaning of the Iran Economic Sanctions Act, Michigan Public Act No. 517 of 2012 (the "Act"), and that in the event the Company is awarded a contract by Troy School District as a result of the aforementioned RFP, the Company is not and will not become an "Iran Linked Business" at any time during the course of performing any services under the contract.

The Company further acknowledges that any person who is found to have submitted a false certification is responsible for a civil penalty of not more than \$250,000.00 or two (2) times the amount of the contract or proposed contract for which the false certification was made, whichever is greater, the cost of Troy School District's investigation, and reasonable attorney fees, in addition to the fine. Moreover, any person who submitted a false certification shall be ineligible to bid on a request for proposal for three (3) years from the date the it is determined that the person has submitted the false certification.

NAME OF COMPANY

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

SIGNATURE

DATE

Acceptance of Proposal

The undersigned agrees to execute a Contract for work covered by this Proposal provided that he is notified of its acceptance within thirty days after the opening of the Proposal.

It is agreed that this bid will not be withdrawn until after forty-five (45) days after receipt of bids.

The undersigned affirms that the bid was developed without any collusion, undertaking, or agreement, either directly or indirectly, with any other bidder(s) to maintain the prices of indicated work or prevent any other bidder(s) from bidding the work.

BIDDER'S FIRM NAME

BUSINESS ADDRESS

TELEPHONE NUMBER

FAX NUMBER

BY (SIGNATURE)

PRINTED NAME

TITLE

SIGNED THIS

_____ DAY OF _____, 20 _____

E-MAIL ADDRESS

**Troy School District
Bid Tabulation
BID 9763 - Backflow Devices
Rebuilt and/or Replaced**

Vendor		Total Cost
Cregger Mechanical Systems, Inc		* Incomplete Bid
Service Pro / Power Vac of Michigan		\$ 29,090.00
* Incomplete Bid		

Sent Invitations to Bid:

Boone & Darr
Cregger Mechanical Systems, Inc.
Cross Plumbing
Express Plumbing Heating & Mechanical
Nelson Brothers
Patroit Plumbing Inc.
Paul C. Scott
Power Vac of Michigan
Precision Plumbing, Inc
Thornton & Grooms