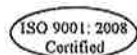

*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 0360
DESTINATION ADDRESS 8438492230
SUBADDRESS
DESTINATION ID
ST. TIME 12/20 19:12
TX/RX TIME 00' 42
PGS. 2
RESULT OK



9580 William Alken Ave, Ladson, SC 29456 • (843) 820-2033 • fax (843) 820-2009 • www.flsamerica.com

Fax

To: <i>MT. PLEASANT WATERWORKS</i>	From: <i>FLSA</i>
Fax: <i>843-849-2230</i>	Pages: <i>2</i>
Phone: <i>843-375-5460</i> <i>FLSA: 843-820-2033</i>	
RE: <i>Backflow Test Reports</i>	Location: <i>1671 Belle Isle Ave.</i>

ISO 9001:2008
Certified



9580 William Aiken Ave, Ladson, SC 29456 • (843) 820-2033 • fax (843) 820-2009 • www.flsamerica.com

Fax

To: <i>MT. PLEASANT Water Works</i>	From: <i>FLSA</i>
Fax: <i>843-849-2230</i>	Pages: <i>2</i>
Phone: <i>843-375-5460</i> <i>FLSA: 843-820-2033</i>	
RE: Backflow Test Reports	Location: <i>1671 BELLE ISLE AVE.</i>

**MOUNT PLEASANT WATERWORKS**

PO Box 330 1619 Rifle Range Road
 Mount Pleasant, SC 29465-0330
 Phone: (843) 375-5460 Fax: (843) 849-2230

Backflow Assembly Test Report

Del Harbin \ Backflow Program Manager
 Cell Phone 327-3160

Customer Name: SPPOTT INVESTMENTS LLC Account Number: 747970-150386
 Service Address: 1671 BELLE ISLE AVE.
 Meter Number: 06901889 Assembly Serial #: BH1094
 Device Type, Manufacturer, Model & Size: AMES DC COLT 200 A, 3"
 Location of Assembly on Property: IN SPRINKLER RISER RM.
 Testers Name (Print or Type): CHRISTOPHER S. MARTIN
 Company (Print or Type): FLSA Phone #: 843-820-2033
 Type of Test Performed: DIFFERENTIAL PRESSURE
 Type of Service: Irrigation Fireline Domestic

	Check Valve # 1	Check Valve # 2	Opening Point	# 1 Shut Off Ball Valves or Gate Valves	# 2 Shut Off Ball Valves or <u>Gate Valves</u>
Initial	Leaked: _____ Closed Tight: <input checked="" type="checkbox"/> Differential Pressure: <u>3.8</u>	Leaked: _____ Closed Tight: <input checked="" type="checkbox"/> Differential Pressure: <u>3.2</u>	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 Freeze Protection? YES NO
 Above Ground? YES NO New installation? YES NO

Certification Number: 108244019 Exp. Date: 12-31-19

Testers Signature: Date: 12-20-17

The above report is certified to be true.

Comments: _____

