

State of Florida



Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

-M-E-M-O-R-A-N-D-U-M-

DATE: February 19, 2020

TO: Adam J. Teitzman, Commission Clerk, Office of Commission Clerk

FROM: Emily Knoblauch, Engineering Specialist II, Division of Engineering *✓ EK*

RE: Docket No. 20190071-WS - Application for staff-assisted rate case in Polk County by Deer Creek RV Golf & Country Club, Inc.

Please file the attached email communications between staff and Jeff Small, in the above mentioned docket file.

Thank you.

EK/jp

Attachment

Emily Knoblauch

From: Jeff Small <jeffsmall@ocboa.net>
Sent: Wednesday, February 19, 2020 9:00 AM
To: Emily Knoblauch
Cc: Jennifer Hernandez; John Riley (jrileydeercreek@gmail.com); Jeff Small
Subject: Re: 20190071-WS - Deer Creek
Attachments: Response to Staff Email 02.18.20.pdf; Backflow Inspection.pdf

Good morning Emily,
Please find attached Deer Creeks response to the three (3) questions that you requested above.
Should you have any other questions or need additional information, please let me know.
Thanks

On Tue, Feb 18, 2020 at 10:42 AM Emily Knoblauch <eknoblau@psc.state.fl.us> wrote:

Good morning, Jeff,

Melinda and I had a few additional questions regarding Deer Creek.

1. Since Deer Creek provided its most recent sanitary survey in response to staff's first data request, the DEP conducted another inspection on May 15, 2019 and found one deficiency with regards to the testing of the system's backflow prevention devices. Attached is this sanitary survey for your reference. Do you know if this deficiency has been corrected by the Utility? If so, when?
2. In response to staff's first data request, question 16, Deer Creek provided all received complaints over the last five years. It was indicated that a complaint by Mr. James Allen was still open. Has this complaint been closed? If so, when and what action was taken?
3. In response to staff's second data request, question 9, Deer Creek responded that "DCU lift station pumps its content through an unknown size force main to a connection believed to be located on the north side of the intersection of Deer Creek Blvd and US Highway 27." Who owns and maintains this force main?

If you have any questions, please feel free to reach out to Melinda or myself.

Thank you,

Emily Knoblauch

Engineering Specialist

Division of Engineering

Florida Public Service Commission

Phone: (850) 413-6632

eknoblau@psc.state.fl.us

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Jeffery Small
OCBOA Consulting, LLC
407-377-5400

Associate Member of the Florida Rural Water Association

DEER CREEK'S RESPONSE TO STAFF EMAIL DATED FEBRUARY 18, 2020

Good morning, Jeff,

Melinda and I had a few additional questions regarding Deer Creek.

1. Since Deer Creek provided its most recent sanitary survey in response to staff's first data request, the DEP conducted another inspection on May 15, 2019 and found one deficiency with regards to the testing of the system's backflow prevention devices. Attached is this sanitary survey for your reference. Do you know if this deficiency has been corrected by the Utility? If so, when?

Response:

The deficiency was corrected on 05/31/2019. Attached is a file that contains copies of test results for thirteen (13) backflow devices (File - Backflow Inspection.pdf). The test results were provided to the Polk County Health Department (PCHD) by Certified Backflow on June 3, 2019. Attached is an email from Matthew Nickerson, Environmental Specialist II, to Jennifer Hernandez, Utility Supervisor, stating that DCU is in compliance with backflow testing through June 2020. (Attachment A)

2. In response to staff's first data request, question 16, Deer Creek provided all received complaints over the last five years. It was indicated that a complaint by Mr. James Allen was still open. Has this complaint been closed? If so, when and what action was taken?

Response:

Mr. Allen's complaint was received on 2/4/2019. On 3/12/2019, the meter was pulled and replaced by a meter from inventory so that his meter could be sent back to the vendor, Master Meter, Inc., for testing. On April 18, 2019, Master Meter, Inc. notified DCU that the meter would be replaced and a shipment receipt was created. Mr. Allen's complaint was closed when DCU meter supplier issued a replacement meter for the meter that was sent out for testing. The meter from DCU inventory has remained in service at Mr. Allen's residence. Since that time Mr. Allen has paid his bill in a timely manner and there has been no additional contact by him concerning this issue. Attached are pictures of the original and replacement meters, the Master Meter, Inc. return authorization, and, the packing list and slip for the replacement meter received. (Attachment B)

3. In response to staff's second data request, question 9, Deer Creek responded that "DCU lift station pumps its content through an unknown size force main to a connection believed to be located on the north side of the intersection of Deer Creek Blvd and US Highway 27." Who owns and maintains this force main?

Response:

Subject to verification, the unknown size force main that delivers DCU wastewater from the Lift Station to the interconnection with Polk County Utilities in the vicinity of US Highway 27 is believed to be owned and maintained by DCU. To date, there have been no known problems with this wastewater transmission/delivery line.

ATTACHMENT A



Jeff Small <jeffsmall@ocboa.net>

FW: Deer Creek Backflow

3 messages

Jennifer Hernandez <deercreekutilities@artemislifestyles.com>
To: Jeff Small <jeffsmall@ocboa.net>

Wed, Feb 19, 2020 at 7:55 AM

Good Morning Jeff,

Attached is the letter from Polk County advising that we are in compliance with the back flow test and that they were received before the due date.

Thank you

[Jennifer Hernandez](#)

[Utility Supervisor, Deer Creek](#)



Direct: 863-424-2839, ext. 103

deercreekutilities@artemislifestyles.com | www.artemislifestyles.com

42749 Highway 27 | Davenport, FL 33837



From: Nickerson, Matthew A <Matthew.Nickerson@flhealth.gov>
Sent: Tuesday, February 18, 2020 4:50 PM
To: Jennifer Hernandez <deercreekutilities@artemislifestyles.com>
Subject: FW: Deer Creek Backflow

Here is what I got, you are all set with the backflow testing until June of 2020.

XXX



Matthew A. Nickerson

Environmental Manager

Environmental Health Division

Florida Department of Health **Polk County**
2090 E. Clower Street, Bartow, FL 33830
(863) 578-2036 Office

(863) 226-8463 Cell

www.mypolkhealth.org

From: greg cardwell <certbackflow@yahoo.com>
Sent: Monday, June 3, 2019 3:08 PM
To: Nickerson, Matthew A <Matthew.Nickerson@flhealth.gov>
Subject: Deer Creek Backflow

sent to DEP PCHO

Hello Matthew,

Please find Deer Creek in one file and his credentials in the other. If you require anything else please let me know.

Thank you, have a great day!

Thank you,

We appreciate you.

Cathy Cardwell

*Certified Backflow Inc.
PO Box 121458
Clermont, FL 34712*

Office: 321-436-8306


Fax: 352-242-9422

Email: certbackflow@yahoo.com

Web Page: <http://www.certbackflow.com/>

CONFIDENTIALITY NOTICE: The information in this electronic message may be privileged and confidential and is intended for the use of the individual and/or entity named above. If you are not the intended recipient, you are on notice that any unauthorized disclosure, copying, distribution, or taking any action in reliance on the contents of the electronically transmitted materials is prohibited. If you receive this message in error, or are not the named recipient, please notify the sender at the email address above and delete this email from your computer.

2 attachments

 **DeerCreek20190603_14483662.pdf**
471K

 **GregCertification20190603_14591399.pdf**
89K

ATTACHMENT B

Property address: 511 Par Pines Blvd.

RETURN AUTHORIZATION

Return

To: Master Meter, Inc.
101 Regency Parkway
Mansfield, Texas 76063

Return Authorization Number: RMA127506

Return Authorization Date: 3/12/2019

Expiration Date: 4/12/2019

Page: 1

Customer ID 0022500

Sold

To: Empire Pipe and Supply
Kelly Carr
P.O. Box 101149
Birmingham, AL 35210

Ship

To: Deer Creek RV, Golf & Country Club
407-295-2400
42749 Highway 27
Davenport, FL 33837

Contact: Kelly Carr
407-295-2400
kcarr@empirepipe.com

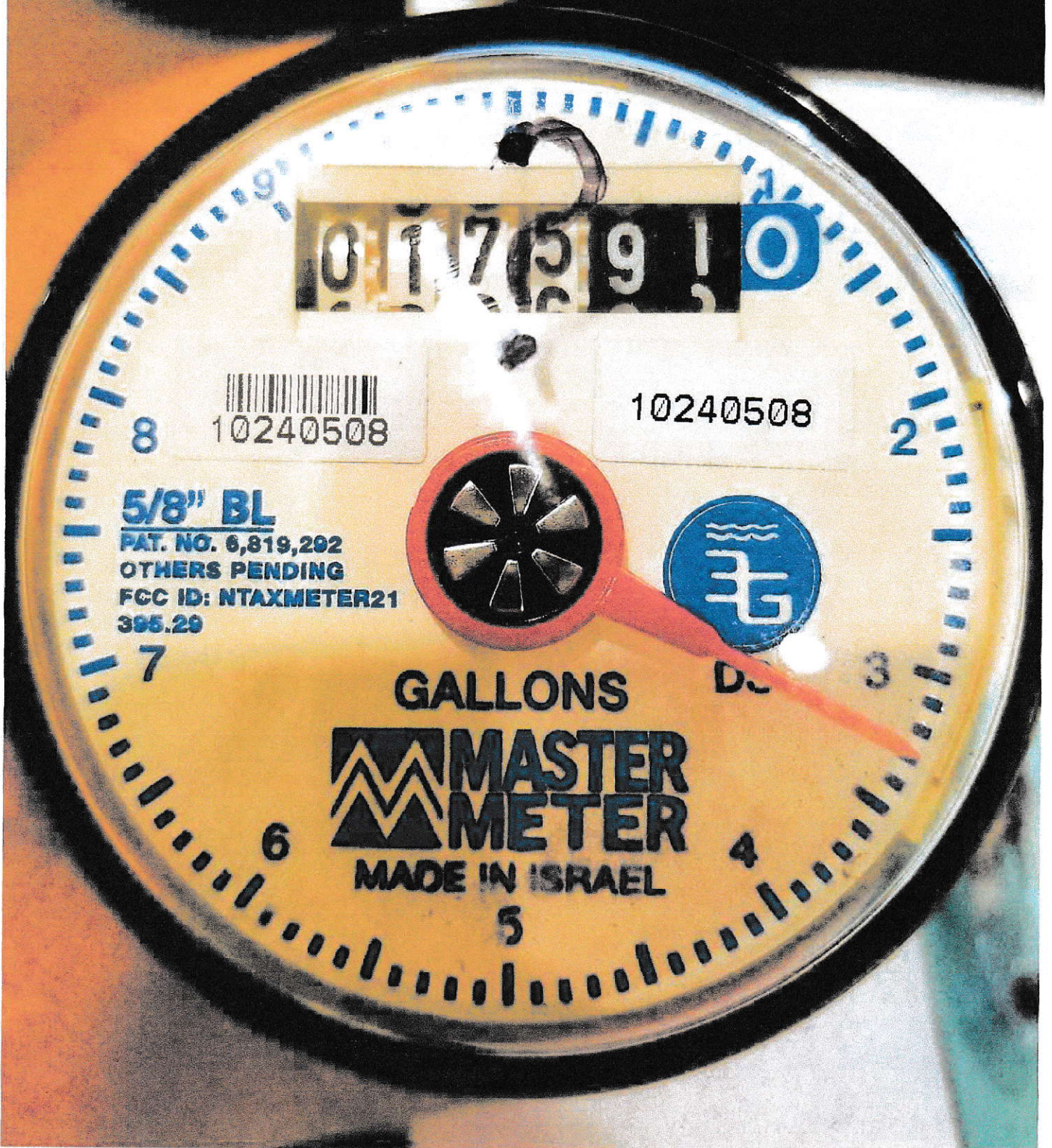
Created by: MBRISENO
SalesPerson Brandon Crook

End User: Deer Creek RV, Golf & Country UC#

Item No.	Description	Unit	Quantity	Return Reason	Action Required
199-050-95	RG BL 5/8" USG 3GDS ENH SG 3GDS ENH SG Not reading. UC# 39 Order guide on file and attached. Deer Creek RV, Golf & Country Club	RG BL 5/8" USG EACH	1	READ	

**WARRANTY STATUS PENDING VERIFICATION
EACH BOX MUST BE CLEARLY MARKED WITH RMA NUMBER
INCLUDE A COPY OF THE RMA INSIDE EACH BOX
PLEASE DEACTIVATE ALL 3G RADIOS PRIOR TO SHIPPING**

Original meter
10240508
(sent for testing)



1017591.0

10240508

10240508

5/8" BL

PAT. NO. 6,819,292

OTHERS PENDING

FCC ID: NTAXMETER21

395.29

GALLONS

**MASTER
METER**

MADE IN ISRAEL

Deer Creek Utilities

From: Doug Keesling <dg.keesling@gmail.com>
Sent: Thursday, March 14, 2019 9:09 AM
To: Deer Creek Utilities



Sent from my iPhone

Replacement meter head.
new mxu # 12219352.



Packing List

SHIP FROM & CONSIGNOR		Commercial Invoice	Date: 4/18/2019
Master Meter, Inc. 101 Regency Parkway Mansfield, TX 76063 US 407-295-2400		271199	BOL: 271199
		Purchase Order	Pro Bill: 786729139885
		RMA127506	Carrier: FedEx
			Freight Terms: Prepaid
SHIP TO & CONSIGNEE		ULTIMATE CONSIGNEE	
Deer Creek RV, Golf & Country Club 42749 Highway 27 Davenport, FL 33837 US 407-295-2400		Deer Creek RV, Golf & Country Club 42749 Highway 27 Davenport, FL 33837 US 407-295-2400	

HANDLING							
Container#	Line	Quantity	Type	Product WT.	Container WGT.	Gross WT.	Description
271199-1	1	1 EACH		- LB		1.2	199-050-95 - RG BL 5/8" USG 3GDS ENH SG
	2	1 EACH		- LB			266-027-09 - STOPPER PIN AL & ECO - NEW
Total Pieces		2	Total Gross Weight		1.2 LB		

NMFC Base Rate	NMFC Sub Code	Class	Marks-Country of Origin, Commodity, UPC
136980-Watermeters / Watermeter parts	01	65	IL -

This package contains lithium metal batteries. Handle with care. A flammability hazard exists if the package is damaged. Special procedures must be followed in case of damage, to include inspection and repacking if necessary. Call 1-800-424-9300 ref. CCN792990

Certifications

Authorized Signature

Packing Slip



Master Meter, Inc.
101 Regency Parkway
Mansfield, Texas 76063

Phone No.: 817-842-8000

Page	Number
1 of 1	225586
Shipment Date	Tracking No.
4/18/2019	786729139885
Customer ID	P.O. Number
0022500	RMA127506
P.O. Date	Our Order No.
4/17/2019	271199
Sales Person	
Brandon Crook	

Bill To:
Empire Pipe and Supply
P.O. Box 101149
Birmingham, AL 35210

Ship To:
Deer Creek RV, Golf & Country Club
42749 Highway 27
Davenport, FL 33837
USA

	Ship Via	Shipping Agent	Tracking No.
	FOB MANSFIELD	FEDEX	786729139885

Item No.	Description	Unit	Shipped	Ordered	Back Ordered
	*****STOCK*****				
199-050-95	RG BL 5/8" USG 3GDS ENH SG RG BL	EACH	1	1	
	5/8" USG 3GDS ENH SG				
266-027-09	STOPPER PIN AL & ECO - NEW	EACH	1	1	
	Deer Creek RV, Golf & Country Club UC				
	39				
	RMA127506				
	M. Tracking #: 786729139885				

Certified Backflow Inc.

Testers - Greg & Shawn



Certified Backflow, Inc.
 PO Box 121458
 Clermont, FL 34712-1458
 Business: 321-436-8306
 Fax: 352-242-9422

Name: Administrative Land sales (Building) Phone: _____

Address: 47749 Hwy 27 Dunwoody A 33837

Location of Assembly: Right Side meter # (9984318) Date: 5-31-19

Type of Assembly: R.P.Z. D.C. P.V.B Size: 1"

Manufacture: Willkins Model: 97542 Serial Number 4642855

Check Valve #1	Check Valve #2	Pressure Differential Pressure Relief	Pressure Vacuum Breaker
Leaked <input checked="" type="checkbox"/>	Leaked <input checked="" type="checkbox"/>	P.S.I. <input type="checkbox"/>	Air Inlet <input type="checkbox"/>
Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at <input type="checkbox"/>	Opened <input type="checkbox"/>
Differential Across Zone <input type="checkbox"/>	Differential Across Zone <input type="checkbox"/>	Not Opened <input type="checkbox"/>	Not Opened <input type="checkbox"/>
Cleaned Only <input checked="" type="checkbox"/>	Cleaned Only <input checked="" type="checkbox"/>	Cleaned Only <input checked="" type="checkbox"/>	Check Valve Held At <input type="checkbox"/>
Complete Rebuild <input type="checkbox"/>	Complete Rebuild <input type="checkbox"/>	Complete Rebuild <input type="checkbox"/>	<input type="checkbox"/> P.S.I.
Replaced: <input type="checkbox"/>	Replaced: <input type="checkbox"/>	Replaced: <input type="checkbox"/>	Cleaned Only <input type="checkbox"/>
Disk <input checked="" type="checkbox"/>	Disk <input checked="" type="checkbox"/>	Disk <input type="checkbox"/>	Replaced: <input type="checkbox"/>
Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Inlet Disc <input type="checkbox"/>
Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	C.V. <input type="checkbox"/>
Stem Guide <input type="checkbox"/>	Stem Guide <input type="checkbox"/>	Stem Guide <input type="checkbox"/>	Assembly <input type="checkbox"/>
O-Ring <input type="checkbox"/>	O-Ring <input type="checkbox"/>	O-Ring <input type="checkbox"/>	C.V. Disk <input type="checkbox"/>
Other: <input type="checkbox"/>	Other: <input type="checkbox"/>	Other: <input type="checkbox"/>	O-Rings <input type="checkbox"/>
_____	_____	_____	Spring <input type="checkbox"/>
_____	_____	_____	Guide <input type="checkbox"/>
_____	_____	_____	Other: <input type="checkbox"/>
_____	_____	_____	_____
Final Differential Reading Across First Check	Final Differential Reading Across Second Check	Final Differential Reading Across Second Check	Air Inlet <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check Held At <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> P.S.I.
Passed <input checked="" type="checkbox"/>	Failed <input type="checkbox"/>	Notes:	

I certify that this data is accurate and reflects the proper operation and maintenance of this assembly.

Tester: [Signature] Certification Number: L10-18-5263

Certified Backflow Inc.

Testers - Greg & Shawn



Certified Backflow, Inc.
 PO Box 121458
 Clermont, FL 34712-1458
 Business: 321-436-8306
 Fax: 352-242-9422

Name: OSPREY Pointe (Clubhouse) Phone: _____

Address: ST George DR davenport FL 33837

Location of Assembly: OSPREY PT meter # 9984803 Date: 5-31-19
club house

Type of Assembly: R.P.Z. D.C. P.V.B Size: 1"

Manufacture: WILK Model: 975XL2 Serial Number 41642952

Check Valve #1	Check Valve #2	Pressure Differential Pressure Relief	Pressure Vacuum Breaker
Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	P.S.I. <input type="checkbox"/>	Air Inlet <input type="checkbox"/>
Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>	Opened at _____	Opened <input type="checkbox"/>
Differential Across Zone _____	Differential Across Zone _____	Not Opened <input type="checkbox"/>	Not Opened <input type="checkbox"/>
Cleaned Only <input type="checkbox"/>	Cleaned Only <input type="checkbox"/>	Cleaned Only <input type="checkbox"/>	Check Valve Held At _____ P.S.I.
Complete Rebuild <input type="checkbox"/>	Complete Rebuild <input type="checkbox"/>	Complete Rebuild <input type="checkbox"/>	
Replaced:	Replaced:	Replaced:	
Disk <input type="checkbox"/>	Disk <input type="checkbox"/>	Disk <input type="checkbox"/>	Cleaned Only <input type="checkbox"/>
Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Replaced:
Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Inlet Disc <input type="checkbox"/>
Stem Guide <input type="checkbox"/>	Stem Guide <input type="checkbox"/>	Stem Guide <input type="checkbox"/>	C.V. <input type="checkbox"/>
O-Ring <input type="checkbox"/>	O-Ring <input type="checkbox"/>	O-Ring <input type="checkbox"/>	Assembly <input type="checkbox"/>
Other: _____	Other: _____	Other: _____	C.V. Disk <input type="checkbox"/>
			O-Rings <input type="checkbox"/>
			Spring <input type="checkbox"/>
			Guide <input type="checkbox"/>
			Other: _____
Final Differential Reading Across First Check	Final Differential Reading Across Second Check	Final Differential Reading Across Second Check	Air Inlet _____
			Check Held At _____
			P.S.I. _____
Passed <input checked="" type="checkbox"/>	Failed <input type="checkbox"/>	Notes: _____	

I certify that this data is accurate and reflects the proper operation and maintenance of this assembly.

Tester: [Signature] Certification Number: 610-18-5263

Certified Backflow Inc.

Testers - Greg & Shawn



Certified Backflow, Inc.
 PO Box 121458
 Clermont, FL 34712-1458
 Business: 321-436-8306
 Fax: 352-242-9422

Name: OSprey Point (Club House) Phone: _____

Address: St George Dr Dunbart FL 33537

Location of Assembly: Pool Backflow (meter) 9859815 Date: 5-31-19

Type of Assembly: R.P.Z. D.C. P.V.B Size: 1'

Manufacture: Willk Model: 975YL2 Serial Number 4647854

Check Valve #1	Check Valve #2	Pressure Differential Pressure Relief	Pressure Vacuum Breaker
Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	P.S.I. <input type="checkbox"/>	Air Inlet <input type="checkbox"/>
Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>	Opened at <input type="checkbox"/>	Opened <input type="checkbox"/>
Differential Across Zone <input type="checkbox"/>	Differential Across Zone <input type="checkbox"/>	Not Opened <input type="checkbox"/>	Not Opened <input type="checkbox"/>
Cleaned Only <input type="checkbox"/>	Cleaned Only <input type="checkbox"/>	Cleaned Only <input type="checkbox"/>	Check Valve Held At <input type="checkbox"/>
Complete Rebuild <input type="checkbox"/>	Complete Rebuild <input type="checkbox"/>	Complete Rebuild <input type="checkbox"/>	<input type="checkbox"/> P.S.I.
Replaced:	Replaced:	Replaced:	Cleaned Only <input type="checkbox"/>
Disk <input type="checkbox"/>	Disk <input type="checkbox"/>	Disk <input type="checkbox"/>	Replaced: <input type="checkbox"/>
Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Inlet Disc <input type="checkbox"/>
Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	C.V. <input type="checkbox"/>
Stem Guide <input type="checkbox"/>	Stem Guide <input type="checkbox"/>	Stem Guide <input type="checkbox"/>	Assembly <input type="checkbox"/>
O-Ring <input type="checkbox"/>	O-Ring <input type="checkbox"/>	O-Ring <input type="checkbox"/>	C.V. Disk <input type="checkbox"/>
Other: _____	Other: _____	Other: _____	O-Rings <input type="checkbox"/>
_____	_____	_____	Spring <input type="checkbox"/>
_____	_____	_____	Guide <input type="checkbox"/>
_____	_____	_____	Other: _____
_____	_____	_____	_____
Final Differential Reading Across First Check	Final Differential Reading Across Second Check	Final Differential Reading Across Second Check	Air Inlet <input type="checkbox"/>
			Check Held At <input type="checkbox"/>
			<input type="checkbox"/> P.S.I.
Passed <input checked="" type="checkbox"/>	Failed <input type="checkbox"/>	Notes: _____	

I certify that this data is accurate and reflects the proper operation and maintenance of this assembly.

Tester: [Signature] Certification Number: L10-18-5263

Certified Backflow Inc.

Testers - Greg & Shawn



Certified Backflow, Inc.
 PO Box 121458
 Clermont, FL 34712-1458
 Business: 321-436-8306
 Fax: 352-242-9422

Name: Eagle View Club House Phone: _____

Address: Arnold Palmer Dr Davenport FL 33537

Location of Assembly: Eagle View Meter # 9984954 Date: 5-31-19

Type of Assembly: R.P.Z. D.C. P.V.B Size: 1"

Manufacture: Willk Model: 975XL2 Serial Number 4642853

Check Valve #1	Check Valve #2	Pressure Differential Pressure Relief	Pressure Vacuum Breaker
Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Differential Across Zone <input type="checkbox"/>	Leaked <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Differential Across Zone <input type="checkbox"/>	P.S.I. <input type="checkbox"/> Opened at <input type="checkbox"/> Not Opened <input type="checkbox"/>	Air Inlet <input type="checkbox"/> Opened <input type="checkbox"/> Not Opened <input type="checkbox"/>
Cleaned Only <input type="checkbox"/> Complete Rebuild <input type="checkbox"/> Replaced: Disk <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Stem Guide <input type="checkbox"/> O-Ring <input type="checkbox"/> Other: _____	Cleaned Only <input type="checkbox"/> Complete Rebuild <input type="checkbox"/> Replaced: Disk <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Stem Guide <input type="checkbox"/> O-Ring <input type="checkbox"/> Other: _____	Cleaned Only <input type="checkbox"/> Complete Rebuild <input type="checkbox"/> Replaced: Disk <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Stem Guide <input type="checkbox"/> O-Ring <input type="checkbox"/> Other: _____	Check Valve Held At <input type="checkbox"/> P.S.I. <input type="checkbox"/> Cleaned Only <input type="checkbox"/> Replaced: Inlet Disc <input type="checkbox"/> C.V. <input type="checkbox"/> Assembly <input type="checkbox"/> C.V. Disk <input type="checkbox"/> O-Rings <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Other: _____
Final Differential Reading Across First Check	Final Differential Reading Across Second Check	Final Differential Reading Across Second Check	Air Inlet <input type="checkbox"/> Check Held At <input type="checkbox"/> P.S.I. <input type="checkbox"/>
Passed <input checked="" type="checkbox"/> Failed <input type="checkbox"/> Notes: _____			

I certify that this data is accurate and reflects the proper operation and maintenance of this assembly.

Tester: [Signature] Certification Number: 410-18-5263

Certified Backflow Inc.

Testers - Greg & Shawn



Certified Backflow, Inc.
 PO Box 121458
 Clermont, FL 34712-1458
 Business: 321-436-8306
 Fax: 352-242-9422

Name: Eagle View (Club House) Phone: _____

Address: Arnold Palmer DR Davenport FL 33537

Location of Assembly: Eagle View Meter # 9985037 Date: 5-31-19

Type of Assembly: R.P.Z. D.C. P.V.B Size: 1"

Manufacture: Wilk Model: 975162 Serial Number 4647868

Check Valve #1	Check Valve #2	Pressure Differential Pressure Relief	Pressure Vacuum Breaker
Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	P.S.I. <input type="checkbox"/>	Air Inlet <input type="checkbox"/>
Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>	Opened at _____	Opened <input type="checkbox"/>
Differential Across Zone _____	Differential Across Zone _____	Not Opened <input type="checkbox"/>	Not Opened <input type="checkbox"/>
Cleaned Only <input type="checkbox"/>	Cleaned Only <input type="checkbox"/>	Cleaned Only <input type="checkbox"/>	Check Valve Held At _____ P.S.I.
Complete Rebuild <input type="checkbox"/>	Complete Rebuild <input type="checkbox"/>	Complete Rebuild <input type="checkbox"/>	
Replaced:	Replaced:	Replaced:	
Disk <input type="checkbox"/>	Disk <input type="checkbox"/>	Disk <input type="checkbox"/>	Cleaned Only <input type="checkbox"/>
Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Replaced:
Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Inlet Disc <input type="checkbox"/>
Stem Guide <input type="checkbox"/>	Stem Guide <input type="checkbox"/>	Stem Guide <input type="checkbox"/>	C.V. <input type="checkbox"/>
O-Ring <input type="checkbox"/>	O-Ring <input type="checkbox"/>	O-Ring <input type="checkbox"/>	Assembly <input type="checkbox"/>
Other: _____	Other: _____	Other: _____	C.V. Disk <input type="checkbox"/>
			O-Rings <input type="checkbox"/>
			Spring <input type="checkbox"/>
			Guide <input type="checkbox"/>
			Other: _____
Final Differential Reading Across First Check	Final Differential Reading Across Second Check	Final Differential Reading Across Second Check	Air Inlet _____
			Check Held At _____ P.S.I.
Passed <input checked="" type="checkbox"/>	Failed <input type="checkbox"/>	Notes: _____	

I certify that this data is accurate and reflects the proper operation and maintenance of this assembly.

Tester: [Signature] Certification Number: L10-18-5263

Certified Backflow Inc.

Testers - Greg & Shawn



Certified Backflow, Inc.
 PO Box 121458
 Clermont, FL 34712-1458
 Business: 321-436-8306
 Fax: 352-242-9422

Name: Eagle view (Club House) Phone: _____

Address: Arnold Palmer DR Dunelport FL 33837

Location of Assembly: Eagle view meter # 9985008 Date: 5-31-19

Type of Assembly: R.P.Z. D.C. P.V.B Size: 1"

Manufacture: willk Model: 97542 Serial Number: 41642856

Check Valve #1	Check Valve #2	Pressure Differential Pressure Relief	Pressure Vacuum Breaker
Leaked <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Differential Across Zone [redacted]	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Differential Across Zone [redacted]	P.S.I. [redacted] Opened at [redacted] Not Opened <input type="checkbox"/>	Air Inlet [redacted] Opened <input type="checkbox"/> Not Opened <input type="checkbox"/>
Cleaned Only <input checked="" type="checkbox"/> Complete Rebuild <input type="checkbox"/> Replaced: Disk <u>FIP</u> <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Stem Guide <input type="checkbox"/> O-Ring <input type="checkbox"/> Other: _____	Cleaned Only <input checked="" type="checkbox"/> Complete Rebuild <input type="checkbox"/> Replaced: Disk <u>FIP</u> <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Stem Guide <input type="checkbox"/> O-Ring <input type="checkbox"/> Other: _____	Cleaned Only <input checked="" type="checkbox"/> Complete Rebuild <input type="checkbox"/> Replaced: Disk <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Stem Guide <input type="checkbox"/> O-Ring <input type="checkbox"/> Other: _____	Check Valve Held At [redacted] P.S.I. Cleaned Only <input type="checkbox"/> Replaced: Inlet Disc <input type="checkbox"/> C.V. <input type="checkbox"/> Assembly <input type="checkbox"/> C.V. Disk <input type="checkbox"/> O-Rings <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Other: _____
Final Differential Reading Across First Check	Final Differential Reading Across Second Check	Final Differential Reading Across Second Check	Air Inlet [redacted] Check Held At [redacted] P.S.I.
Passed <input checked="" type="checkbox"/> Failed <input type="checkbox"/> Notes: _____			

I certify that this data is accurate and reflects the proper operation and maintenance of this assembly.
 Tester: [Signature] Certification Number: L10-18-5263

Certified Backflow Inc.

Testers - Greg & Shawn



Certified Backflow, Inc.
 PO Box 121458
 Clermont, FL 34712-1458
 Business: 321-436-8306
 Fax: 352-242-9422

Name: Partridge Pumps Phone: _____

Address: Sun 6 cross st Darrowport FL 33837

Location of Assembly: front club house meter # 9984469 Date: 5-31-19

Type of Assembly: R.P.Z. D.C. P.V.B Size: 1"

Manufacture: Wilkins Model: 375 XL Serial Number B201198

Check Valve #1	Check Valve #2	Pressure Differential Pressure Relief	Pressure Vacuum Breaker
Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Differential Across Zone <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Differential Across Zone <input type="checkbox"/>	P.S.I. <input type="checkbox"/> Opened at <input type="checkbox"/> Not Opened <input type="checkbox"/>	Air Inlet <input type="checkbox"/> Opened <input type="checkbox"/> Not Opened <input type="checkbox"/>
Cleaned Only <input type="checkbox"/> Complete Rebuild <input type="checkbox"/> Replaced: Disk <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Stem Guide <input type="checkbox"/> O-Ring <input type="checkbox"/> Other: _____	Cleaned Only <input type="checkbox"/> Complete Rebuild <input type="checkbox"/> Replaced: Disk <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Stem Guide <input type="checkbox"/> O-Ring <input type="checkbox"/> Other: _____	Cleaned Only <input type="checkbox"/> Complete Rebuild <input type="checkbox"/> Replaced: Disk <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Stem Guide <input type="checkbox"/> O-Ring <input type="checkbox"/> Other: _____	Check Valve Held At <input type="checkbox"/> P.S.I. <input type="checkbox"/> Cleaned Only <input type="checkbox"/> Replaced: Inlet Disc <input type="checkbox"/> C.V. <input type="checkbox"/> Assembly <input type="checkbox"/> C.V. Disk <input type="checkbox"/> O-Rings <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Other: _____
Final Differential Reading Across First Check	Final Differential Reading Across Second Check	Final Differential Reading Across Second Check	Air Inlet <input type="checkbox"/> Check Held At <input type="checkbox"/> P.S.I. <input type="checkbox"/>
Passed <input checked="" type="checkbox"/> Failed <input type="checkbox"/> Notes: _____			

I certify that this data is accurate and reflects the proper operation and maintenance of this assembly.

Tester: _____ Certification Number: 410-18-5263

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Testers - Greg & Shawn



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 Clermont, FL 34712-1458
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 Fax: 352-242-9422

Name: Purtridge Pines Phone: _____

Address: Saw Grass (ST) Dunes Rd FL 33537

Location of Assembly: Pool dock (meter) 9984319 Date: 5-31-19

Type of Assembly: R.P.Z. D.C. P.V.B Size: 1"

Manufacture: Wilking Model: 975XL2 Serial Number 4642878

Check Valve #1	Check Valve #2	Pressure Differential Pressure Relief	Pressure Vacuum Breaker
Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	P.S.I. <input type="checkbox"/>	Air Inlet <input type="checkbox"/>
Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>	Opened at <input type="checkbox"/>	Opened <input type="checkbox"/>
Differential Across Zone <input type="checkbox"/>	Differential Across Zone <input type="checkbox"/>	Not Opened <input type="checkbox"/>	Not Opened <input type="checkbox"/>
Cleaned Only <input type="checkbox"/>	Cleaned Only <input type="checkbox"/>	Cleaned Only <input type="checkbox"/>	Check Valve Held At <input type="checkbox"/>
Complete Rebuild <input type="checkbox"/>	Complete Rebuild <input type="checkbox"/>	Complete Rebuild <input type="checkbox"/>	<input type="checkbox"/> P.S.I.
Replaced:	Replaced:	Replaced:	Cleaned Only <input type="checkbox"/>
Disk <input type="checkbox"/>	Disk <input type="checkbox"/>	Disk <input type="checkbox"/>	Replaced: <input type="checkbox"/>
Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Inlet Disc <input type="checkbox"/>
Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	C.V. <input type="checkbox"/>
Stem Guide <input type="checkbox"/>	Stem Guide <input type="checkbox"/>	Stem Guide <input type="checkbox"/>	Assembly <input type="checkbox"/>
O-Ring <input type="checkbox"/>	O-Ring <input type="checkbox"/>	O-Ring <input type="checkbox"/>	C.V. Disk <input type="checkbox"/>
Other: _____	Other: _____	Other: _____	O-Rings <input type="checkbox"/>
_____	_____	_____	Spring <input type="checkbox"/>
_____	_____	_____	Guide <input type="checkbox"/>
_____	_____	_____	Other: _____
_____	_____	_____	_____
Final Differential Reading Across First Check	Final Differential Reading Across Second Check	Final Differential Reading Across Second Check	Air Inlet <input type="checkbox"/>
			Check Held At <input type="checkbox"/>
			<input type="checkbox"/> P.S.I.
Passed <input checked="" type="checkbox"/>	Failed <input type="checkbox"/>	Notes: _____	

I certify that this data is accurate and reflects the proper operation and maintenance of this assembly.

Tester: [Signature] Certification Number: L10-18-5263

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 Clermont, FL 34712-1458
 Business: 321-436-8306
 Fax: 352-242-9422

Name: Partridge Pines (Entrance) Phone: _____

Address: Deer Creek Blvd (cross) Augusta ST Duvalport FL 33837

Location of Assembly: LEFT FRONT (meter) 11326760 Date: 5-31-19

Type of Assembly: R.P.Z. D.C. P.V.B Size: 1"

Manufacture: Wilking Model: 375 XL Serial Number B774470

Check Valve #1	Check Valve #2	Pressure Differential Pressure Relief	Pressure Vacuum Breaker
Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	P.S.I. <input type="checkbox"/>	Air Inlet <input type="checkbox"/>
Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>	Opened at _____	Opened <input type="checkbox"/>
Differential Across Zone _____	Differential Across Zone _____	Not Opened <input type="checkbox"/>	Not Opened <input type="checkbox"/>
Cleaned Only <input type="checkbox"/>	Cleaned Only <input type="checkbox"/>	Cleaned Only <input type="checkbox"/>	Check Valve Held At _____ P.S.I.
Complete Rebuild <input type="checkbox"/>	Complete Rebuild <input type="checkbox"/>	Complete Rebuild <input type="checkbox"/>	
Replaced:	Replaced:	Replaced:	
Disk <input type="checkbox"/>	Disk <input type="checkbox"/>	Disk <input type="checkbox"/>	Cleaned Only <input type="checkbox"/>
Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Replaced:
Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Inlet Disc <input type="checkbox"/>
Stem Guide <input type="checkbox"/>	Stem Guide <input type="checkbox"/>	Stem Guide <input type="checkbox"/>	C.V. <input type="checkbox"/>
O-Ring <input type="checkbox"/>	O-Ring <input type="checkbox"/>	O-Ring <input type="checkbox"/>	Assembly <input type="checkbox"/>
Other: _____	Other: _____	Other: _____	C.V. Disk <input type="checkbox"/>
_____	_____	_____	O-Rings <input type="checkbox"/>
_____	_____	_____	Spring <input type="checkbox"/>
_____	_____	_____	Guide <input type="checkbox"/>
_____	_____	_____	Other: _____
_____	_____	_____	_____
Final Differential Reading Across First Check	Final Differential Reading Across Second Check	Final Differential Reading Across Second Check	Air Inlet _____
_____			Check Held At _____ P.S.I.
Passed <input checked="" type="checkbox"/> Failed <input type="checkbox"/> Notes: _____			

I certify that this data is accurate and reflects the proper operation and maintenance of this assembly.

Tester: [Signature] Certification Number: L10-18-5263

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Testers - Greg & Shawn



Certified Backflow, Inc.
 PO Box 121458
 Clermont, FL 34712-1458
 Business: 321-436-8306
 Fax: 352-242-9422

Name: Deer Creek Club House Phone: _____

Address: Deer Creek Blvd Dunwoody FL 33837

Location of Assembly: Club House meter # 8427274 Date: _____

Type of Assembly: R.P.Z. D.C. P.V.B Size: 1.5"

Manufacture: Wilkins Model: 975XL2 Serial Number 3854988

Check Valve #1	Check Valve #2	Pressure Differential Pressure Relief	Pressure Vacuum Breaker
Leaked <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Differential Across Zone <input type="checkbox"/>	Leaked <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Differential Across Zone <input type="checkbox"/>	P.S.I. <input type="checkbox"/> Opened at <input type="checkbox"/> Not Opened <input type="checkbox"/>	Air Inlet <input type="checkbox"/> Opened <input type="checkbox"/> Not Opened <input type="checkbox"/>
Cleaned Only <input type="checkbox"/> Complete Rebuild <input checked="" type="checkbox"/> Replaced: Disk <input checked="" type="checkbox"/> Spring <input checked="" type="checkbox"/> Seat <input checked="" type="checkbox"/> Stem Guide <input checked="" type="checkbox"/> O-Ring <input checked="" type="checkbox"/> Other: _____	Cleaned Only <input type="checkbox"/> Complete Rebuild <input checked="" type="checkbox"/> Replaced: Disk <input checked="" type="checkbox"/> Spring <input checked="" type="checkbox"/> Seat <input checked="" type="checkbox"/> Stem Guide <input checked="" type="checkbox"/> O-Ring <input checked="" type="checkbox"/> Other: _____	Cleaned Only <input type="checkbox"/> Complete Rebuild <input type="checkbox"/> Replaced: Disk <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Stem Guide <input type="checkbox"/> O-Ring <input type="checkbox"/> Other: _____	Check Valve Held At _____ P.S.I. Cleaned Only <input type="checkbox"/> Replaced: Inle- Disc <input type="checkbox"/> C.V. <input type="checkbox"/> Assembly <input type="checkbox"/> C.V. Disk <input type="checkbox"/> O-Rings <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Other: _____
Final Differential Reading Across First Check	Final Differential Reading Across Second Check	Final Differential Reading Across Second Check	Air Inlet <input type="checkbox"/> Check Held At _____ P.S.I.
Passed <input checked="" type="checkbox"/> Failed <input type="checkbox"/> Notes: _____			

I certify that this data is accurate and reflects the proper operation and maintenance of this assembly.

Tester: [Signature] Certification Number: 410-18-5263

Certified Backflow Inc.

Testers - Greg & Shawn



Certified Backflow, Inc.
 PO Box 121458
 Clermont, FL 34712-1458
 Business: 321-436-8306
 Fax: 352-242-9422

Name: Partridge Pines (Entrance) Phone: _____
 Address: Deer Creek Blvd (cross ST) Augusta ST Dunwoody FL 33837
 Location of Assembly: Front Right (meter) 11409981 Date: 5-31-19
 Type of Assembly: R.P.Z. D.C. P.V.B Size: 1"
 Manufacture: Wilkins Model: 375XL Serial Number B256904

Check Valve #1	Check Valve #2	Pressure Differential Pressure Relief	Pressure Vacuum Breaker
Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Differential Across Zone <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Differential Across Zone <input type="checkbox"/>	P.S.I. <input type="checkbox"/> Opened at <input type="checkbox"/> Not Opened <input type="checkbox"/>	Air Inlet <input type="checkbox"/> Opened <input type="checkbox"/> Not Opened <input type="checkbox"/>
Cleaned Only <input type="checkbox"/> Complete Rebuild <input type="checkbox"/> Replaced: Disk <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Stem Guide <input type="checkbox"/> O-Ring <input type="checkbox"/> Other: _____	Cleaned Only <input type="checkbox"/> Complete Rebuild <input type="checkbox"/> Replaced: Disk <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Stem Guide <input type="checkbox"/> O-Ring <input type="checkbox"/> Other: _____	Cleaned Only <input type="checkbox"/> Complete Rebuild <input type="checkbox"/> Replaced: Disk <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Stem Guide <input type="checkbox"/> O-Ring <input type="checkbox"/> Other: _____	Check Valve Held At <input type="checkbox"/> <input type="checkbox"/> P.S.I. Cleaned Only <input type="checkbox"/> Replaced: Inlet Disc <input type="checkbox"/> C.V. <input type="checkbox"/> Assembly <input type="checkbox"/> C.V. Disk <input type="checkbox"/> O-Rings <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Other: _____
Final Differential Reading Across First Check	Final Differential Reading Across Second Check	Final Differential Reading Across Second Check	Air Inlet <input type="checkbox"/> Check Held At <input type="checkbox"/> <input type="checkbox"/> P.S.I.
Passed <input checked="" type="checkbox"/> Failed <input type="checkbox"/> Notes: _____			

I certify that this data is accurate and reflects the proper operation and maintenance of this assembly.

Tester: _____ Certification Number: L10-18-5263

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Testers - Greg & Shawn



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 PO Box 121458
 Clermont, FL 34712-1458
 Business: 321-436-8306
 Fax: 352-242-9422

Name: Regal Ridge Phone: _____

Address: 399 Golfview DR Duvalport FL 33837

Location of Assembly: Pool meter # 9984944 Date: 5-31-19

Type of Assembly: R.P.Z. D.C. P.V.B Size: 1"

Manufacture: Wilkins Model: 975VL2 Serial Number 4642857

Check Valve #1	Check Valve #2	Pressure Differential Pressure Relief	Pressure Vacuum Breaker
Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	P.S.I. <input type="checkbox"/>	Air Inlet <input type="checkbox"/>
Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>	Opened at <input type="checkbox"/>	Opened <input type="checkbox"/>
Differential Across Zone <input type="checkbox"/>	Differential Across Zone <input type="checkbox"/>	Not Opened <input type="checkbox"/>	Not Opened <input type="checkbox"/>
Cleaned Only <input type="checkbox"/>	Cleaned Only <input type="checkbox"/>	Cleaned Only <input type="checkbox"/>	Check Valve Held At <input type="checkbox"/>
Complete Rebuild <input type="checkbox"/>	Complete Rebuild <input type="checkbox"/>	Complete Rebuild <input type="checkbox"/>	<input type="checkbox"/> P.S.I.
Replaced:	Replaced:	Replaced:	Cleaned Only <input type="checkbox"/>
Disk <input type="checkbox"/>	Disk <input type="checkbox"/>	Disk <input type="checkbox"/>	Replaced: <input type="checkbox"/>
Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Inlet Disc <input type="checkbox"/>
Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	C.V. <input type="checkbox"/>
Stem Guide <input type="checkbox"/>	Stem Guide <input type="checkbox"/>	Stem Guide <input type="checkbox"/>	Assembly <input type="checkbox"/>
O-Ring <input type="checkbox"/>	O-Ring <input type="checkbox"/>	O-Ring <input type="checkbox"/>	C.V. Disk <input type="checkbox"/>
Other: _____	Other: _____	Other: _____	O-Rings <input type="checkbox"/>
_____	_____	_____	Spring <input type="checkbox"/>
_____	_____	_____	Guide <input type="checkbox"/>
_____	_____	_____	Other: _____
_____	_____	_____	_____
Final Differential Reading Across First Check	Final Differential Reading Across Second Check	Final Differential Reading Across Second Check	Air Inlet <input type="checkbox"/>
_____	_____	_____	Check Held At <input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> P.S.I.

Passed Failed Notes: _____

I certify that this data is accurate and reflects the proper operation and maintenance of this assembly.
 Tester: [Signature] Certification Number: L10-18-5263

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Testers - Greg & Shawn



Certified Backflow, Inc.
 PO Box 121458
 Clermont, FL 34712-1458
 Business: 321-436-8306
 Fax: 352-242-9422

Name: Regal Ridge Phone: _____

Address: 399 Golfview DR Dunwoody GA 33837

Location of Assembly: Club House (meter) 9859704 Date: 5-31-19

Type of Assembly: R.P.Z. D.C. P.V.B Size: 1"

Manufacture: Wilkins Model: 975 X2 Serial Number 4647850

Check Valve #1	Check Valve #2	Pressure Differential Pressure Relief	Pressure Vacuum Breaker
Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	P.S.I. <input type="checkbox"/>	Air Inlet <input type="checkbox"/>
Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>	Opened at _____	Opened <input type="checkbox"/>
Differential Across Zone _____	Differential Across Zone _____	Not Opened <input type="checkbox"/>	Not Opened <input type="checkbox"/>
Cleaned Only <input type="checkbox"/>	Cleaned Only <input type="checkbox"/>	Cleaned Only <input type="checkbox"/>	Check Valve Held At _____ P.S.I.
Complete Rebuild <input type="checkbox"/>	Complete Rebuild <input type="checkbox"/>	Complete Rebuild <input type="checkbox"/>	Cleaned Only <input type="checkbox"/>
Replaced:	Replaced:	Replaced:	Replaced:
Disk <input type="checkbox"/>	Disk <input type="checkbox"/>	Disk <input type="checkbox"/>	Inlet Disc <input type="checkbox"/>
Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	C.V. <input type="checkbox"/>
Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Assembly <input type="checkbox"/>
Stem Guide <input type="checkbox"/>	Stem Guide <input type="checkbox"/>	Stem Guide <input type="checkbox"/>	C.V. Disk <input type="checkbox"/>
O-Ring <input type="checkbox"/>	O-Ring <input type="checkbox"/>	O-Ring <input type="checkbox"/>	O-Rings <input type="checkbox"/>
Other: _____	Other: _____	Other: _____	Spring <input type="checkbox"/>
_____	_____	_____	Guide <input type="checkbox"/>
_____	_____	_____	Other: _____
_____	_____	_____	_____
Final Differential Reading Across First Check	Final Differential Reading Across Second Check	Final Differential Reading Across Second Check	Air Inlet _____
_____			Check Held At _____ P.S.I.
Passed <input checked="" type="checkbox"/>	Failed <input type="checkbox"/>	Notes: _____	_____

I certify that this data is accurate and reflects the proper operation and maintenance of this assembly.

Tester: [Signature] Certification Number: L10-18-5263