

NAWSC

National Water Specialties Company

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Checkout Receipt

Serial#	Description	Price
33776	900 ARMORY DR - Inside	\$17.00
	Subtotal:	\$17.00
	Total Paid:	\$17.00

Transaction Id: 61726947236

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**Backflow Prevention Assembly
Test Report**

Test Confirmation # **Unsubmitted**

Address: **900 ARMORY DR** Hazard ID: **3237712** Manufacturer: **Watts**
 Company: **U S ARMY/COMD 99TH ARCOM** Meter #: **85359219** Model: **919QT**
 Location: **Inside** Type: **RP**
 Serial #: **33776** Size: **1.00**
 Contact:

Reduced Pressure Principle Assembly				PVB/SVB
Double Check Valve Assembly				
Initial Test	Check Valve #1	Check Valve #2	Relief Valve	
02/11/19	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not Open <input type="checkbox"/>	AIR INLET Did not Open <input type="checkbox"/> Opened at _____ PSID
Pass Fail <input checked="" type="checkbox"/> <input type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/> Held at 9.6 PSID	Closed Tight <input checked="" type="checkbox"/> Held at 8.8 PSID	Opened at 2.6 PSID	CHECK VALVE Leaked <input type="checkbox"/> Held at _____ PSID
Repairs	Comments: <input type="checkbox"/> Cleaned <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Rebuild			
Final Test	Check Valve #1	Check Valve #2	Relief Valve	AIR INLET
02/11/19	Closed Tight <input checked="" type="checkbox"/> Held at 9.6 PSID	Closed Tight <input checked="" type="checkbox"/> Held at 8.8 PSID	Opened at 2.6 PSID	Opened at _____ PSID
Pass Fail <input checked="" type="checkbox"/> <input type="checkbox"/>				CHECK VALVE Held at _____ PSID
Comments:				Proper Shutoff <input checked="" type="checkbox"/> No 2 Shutoff <input type="checkbox"/> Service Restored <input type="checkbox"/> RV Exercised <input type="checkbox"/> Held Backpressure <input type="checkbox"/> Line PSI <input type="checkbox"/> Meter Reading <input type="checkbox"/> 0
Cert. Tester BOJAN MARTINOVICH(#40405) (#): Company Address:	Company:			
Test Kit:	Calibration Date: 01/01/1900			

**BACKFLOW PREVENTION ASSEMBLY
TEST & MAINTENANCE FORM**
THIS FORM MUST BE COMPLETED BY AN ASSE-CERTIFIED TESTER

1. GENERAL INFORMATION

NAME OF FACILITY U S ARMY/COMD 99TH ARCOM		SERVICE ADDRESS 900 ARMORY DR GREENSBURG, PA 15601		SERVICE CLASS MUNICIPAL	
DEVICE LOCATION		HAZARD ID # 3237712	ACCOUNT NUMBER G 09393	METER # 85359219	
MANUFACTURER Watts	MODEL 919QT	SERIAL NO. 33776		SIZE 1.0	TYPE RP

2. TEST & REPAIR INFORMATION

	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS FIRST CHECK VALVE ____ PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS SECOND CHECK VALVE ____ PSID	<input type="checkbox"/> OPEN AT ____ PSID <input type="checkbox"/> DID NOT OPEN	<input type="checkbox"/> AIR NET OPENED AT ____ PSID <input type="checkbox"/> DID NOT OPEN <input type="checkbox"/> CHECK VALVE ____ PSID <input type="checkbox"/> CHECK VALVE LEAKED
REPAIR				
FINAL TEST	<input type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS FIRST CHECK VALVE <u>9.16</u> PSID	<input type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS SECOND CHECK VALVE <u>8.8</u> PSID	<input checked="" type="checkbox"/> OPEN AT <u>2.16</u> PSID <input type="checkbox"/> DID NOT OPEN	<input type="checkbox"/> AIR NET OPENED AT ____ PSID <input type="checkbox"/> DID NOT OPEN <input type="checkbox"/> CHECK VALVE ____ PSID <input type="checkbox"/> CHECK VALVE LEAKED
REMARKS	CONDITION OF NO. 2 CONTROL VALVE	<input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED	LINE PRESSURE ____ PSIG	DATE _____ PASS DATE _____ FAIL

3. APPROVALS

"I Hereby Certify that this Data is Accurate and Reflects the Proper Operation and Maintenance of the Assembly."			
NAME OF CERTIFIED BACKFLOW TESTER (PRINT) <u>Bojan Martinovich</u>		PHONE NUMBER <u>412-795-3040</u>	BUSINESS NAME <u>Sentry Mechanical</u>
TEST GAUGE SERIAL NUMBER <u>Watts TK9A</u>		TEST GAUGE LAST CALIBRATION DATE <u>7-31-2018</u>	
INITIAL TEST	SIGNATURE OF INITIAL TESTER	CERTIFIED TESTER NUMBER	DATE
REPAIRS	SIGNATURE OF REPAIRER	CERTIFIED TESTER NUMBER (IF APPLICABLE)	DATE
FINAL TEST	SIGNATURE OF FINAL TESTER <u>Bojan M.</u>	CERTIFIED TESTER NUMBER <u>40405</u>	DATE <u>2/11/19</u>

All testers must have current ASSE Certification. The tester is required to submit the completed Backflow Prevention Assembly Test & Maintenance Report(s) to our Cross-Connection Department online at pawsc.tokaytest.com. Each individual Backflow Prevention Assembly Test & Maintenance Form submitted online requires a \$17 submission fee, payable online. Reports submitted by mail require a \$25 submission fee. These forms may not be submitted via email or fax.

DUE DATE: FEBRUARY 28, 2019