

PA080-02 PUNXUTAWNEY, PA
WO. # 2328
ASSET # 7182

Backflow Prevention Device Test Form

MUST BE COMPLETED BY CERTIFIED BACKFLOW DEVICE TESTER



PENNSYLVANIA
AMERICAN WATER

Please return completed form by mail or fax to Pennsylvania American Water: Fax: 570-341-3296
Email: paw.cc@amwater.com or Mail: Attention: Cross Connection Department 2699 Stafford Ave Scranton, PA 18505

LOCATION INFORMATION

Account Number:

Premise Number:

Service for:

US ARMY

Service Address 1:

225 Center St. Punxutawney, PA 15767-1229

Service Address 2:

Type of Service:



Domestic



Fire



Irrigation

Backflow Device Location:

Boiler Room



Isolation



Containment

DEVICE INFORMATION

Type of Assembly:

WATTS RPZ

Serial Number:

A33110

Size:

1/2"

MFG/Model No:

009QT

Water Meter No:

15361591

TO BE COMPLETED BY TESTER

| | CHECK VALVE #1 | CHECK VALVE #2 | PRESSURE DIFFERENTIAL RELIEF VALVE | AIR INLET |
|---|---|---|--|--|
| INITIAL TEST Date: 2-7-18 Time: 8:00 a.m. / p.m. | Held at 8.2 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked | Held at 5.7 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked | <input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did Not Open _____ | <input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did Not Open _____ PSID Check Valve Held _____ PSID |
| FINAL TEST Date: _____ Time: _____ a.m. / p.m. | Held at 8.2 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked | Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked | <input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did Not Open _____ | <input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did Not Open _____ PSID Check Valve Held _____ PSID |
| AIR GAP | Measured vertical inches above overflow rim: | | Supply size diameter: | |

COMMENTS:

| TESTER INFORMATION - INITIAL TEST | | | |
|--|-------------------------------|---|--|
| <input checked="" type="checkbox"/> Passed <input type="checkbox"/> Failed | Tester Name: FRANCIS SAPIENZA | Company: CMH MGT, INC | Phone: 412 510 7753 |
| Testing Equipment Calibration Date: 1-26-18 | | Testing Equipment Serial Number: 665788 | Certification Testing No: ASSE # 30207 |
| The above report is certified to be true at the time of the test. Signature of tester: <i>Francis Sapienza</i> | | | Date: 2-7-18 |

| TESTER INFORMATION - FINAL TEST | | | |
|--|----------------------|----------------------------------|---------------------------|
| <input type="checkbox"/> Passed <input type="checkbox"/> Failed | Tester Name (PRINT): | Company: | Phone: |
| Testing Equipment Calibration Date: | | Testing Equipment Serial Number: | Certification Testing No: |
| The above report is certified to be true at the time of the test. Signature of tester: | | | Date: |

20 PSI Line Pressure