

PA080-02

PUNXUTAWNEY, PA

WO #2328

ASSET #7182



Backflow Prevention Device Test Form

MUST BE COMPLETED BY CERTIFIED BACKFLOW DEVICE TESTER

Please return completed form by mail or fax to Pennsylvania American Water; Fax: 570-341-3296
Email: paw.co@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. Punxsutawney, PA 15767-1229	
Service Address 2:	
Type of Service: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation	Backflow Device Location: Boiler Room <input checked="" type="checkbox"/> Isolation <input type="checkbox"/> Containment
DEVICE INFORMATION	
Type of Assembly: WATTS RPZ	Size: 2 1/2"
Serial Number: A33110	Water Meter No: 15361591
MFG/Model No: 009QT	

TO BE COMPLETED BY TESTER

INITIAL TEST	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
Date: 1-2-18 Time: 11:00 a.m. / p.m.	Held at 3.2 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 _____ Check Valve Held _____ PSID
FINAL TEST	Held at 9.0 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 _____ Check Valve Held _____ PSID
AIR GAP	Measured vertical inches above overflow rim:			Supply size diameter:

COMMENTS:

<input checked="" type="checkbox"/> Passed <input type="checkbox"/> Failed	Tester Name: FRANCIS SAPIENZA	Company: CMS MGT, INC	Phone: 412 510 7753
Testing Equipment Calibration Date: 1-26-18		Testing Equipment Serial Number: 665788	Certification Testing No. ASSE #302017

The above report is certified to be true at the time of the test. Signature of tester:

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**