

INSPECTION, TESTING, AND CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: PA063

Date of Visit: _____

Contractor Personnel on Site:

4. RON KORDISH

4. _____

5. BROCK BANBO

5. _____

6. _____

6. _____

Work Performed:

Inspection, Testing, and Certification

5. Backflow Prevention Testing (Qty 2) (Annual)

6. WO 7096 Asset 7257

7. WO 7097 Asset 7251

8. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

Signed: _____

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: WILLIAM H. MORGAN Date: 10 Jan 2019

Signed: 

E-Mail: william.h.morgan.civ@navy.mil

Pennsylvania American Water

Attention: Cross Connection Department:
2699 Stafford Ave, Scranton, PA 18505-3608

Phone: 1-877-290-1769 Email: paw.cc@amwater.com Fax: 1-570-341-3296

Contract Account Number: **210034289252**

Premise Number: 9240030436

Location Information

Device Information

Service For: Commander 99Th Arcom
Service Address: 410 Miller Ave
New Castle, PA 16101-1451

BFA Type: DOUBLE CHECK VALVE ASSEMBLY
Manufacturer: Apollo/Conbraco
Model: 40-109-02
Size: 2 1/2

Type of Service: Domestic ☒ Fire ☐ Irrigation ☐

Manuf. Serial Number: J3297

Location of Device: AFTER METER

Water Meter Number:

New Assembly ☐

Isolation ☒

Containment ☐

Replaces Serial No: _____

TEST MEASUREMENTS

	DC Check Valve #1	DC Check Valve #2	RF Pressure Diff. Relief Valve	PVB/SVB Air Inlet
Initial Date: 12-20-18 Time: 3:10 Line pressure: 85	Held at 1.6 PSID Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Held at 1.7 PSID Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/> #2 Shut Off Valve Closed Tight? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Opened at N/A PSID Did Not Open <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/> Check Valve Held _____ PSID
Final Date: _____ Time: _____ Line pressure: _____	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> #2 Shut Off Valve Closed Tight? Yes <input type="checkbox"/> No <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/> Check Valve Held _____ PSID
IR GAP	Measured vertical inches above overflow		Supply Size Diameter	

COMMENTS (including maintenance performed):

TESTER INFORMATION

INITIAL Tester Name: Apr Korodh
PASS ☒ Phone #: 724-658-7111
Signature: [Signature]
FAIL ☐
Testing Equipment Calibration Date: 4-20-18

Company: Central Heating and Plumbing
Email Address: _____
Certified Tester Number: 29140
Testing Equipment Serial Number: 07031263

FINAL Tester Name: _____
PASS ☐ Phone #: _____
Signature: _____
FAIL ☐
Testing Equipment Calibration Date: _____

Company: _____
Email Address: _____
Certified Tester Number: _____
Testing Equipment Serial Number: _____



BACKFLOW TEST FORM - TO BE COMPLETED BY A STATE CERTIFIED OR QUALIFIED TESTER

The above report is certified to be true at the time of the test

Please return completed form by 01/30/2019

Email
4 Scan
12/21/18



CONBRAC
IND. INC.
U.S.A.
PLB6
4

CENTRAL
Heating & Plumbing
New Castle Grove City
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www.centralheatingandplumbing.com