

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 Korsish	4.	_____
5.	BROCK BANGS	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: wmorgan.H.morgan.civ@mail.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 **210034289252**
Number:

Premise Number: 9240030436

Location Information

Device Information

Service For: Commander 99Th Arcam

BFA Type: DOUBLE CHECK VALVE
ASSEMBLY

Service Address: 410 Miller Ave
New Castle, PA 16101-1451

Manufacturer: Apollo/Conbraco

Model:
40-109-02

Type of Service: Domestic



Fire

Irrigation

Manuf. Serial Number: J3297

Size: 2 1/2

Location of Device: AFTER METER

Water Meter Number:

New Assembly



Containment



Replaces Serial No: _____

TEST MEASUREMENTS

	DC	RF	PVB/SVB
	Check Valve #1	Check Valve #2	Pressure Diff. Relief Valve
Initial Date: <u>12-20-18</u> Time: <u>3:10</u> Line pressure: <u>85</u>	Held at <u>116</u> PSID Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Held at <u>117</u> 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 _____ PSID Did Not Open <input type="checkbox"/> N/A 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"/> Check Valve Held ____ PSID
IR GAP	Measured vertical inches above overflow	Supply Size Diameter	
COMMENTS (including maintenance performed):			

TESTER INFORMATION

INITIAL Tester Name John Kornish

Company Central Heating and Plumbing
Email Address

PASS Phone # 724-658-7111

Certified Tester Number: 29140

Signature: JK

Testing Equipment Serial Number: 07031263

FINAL Tester Name

Company

PASS Phone #

Email Address

Signature

Certified Tester Number:

FAIL

Testing Equipment Serial Number:

Testing Equipment Calibration Date: 4-20-18



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 & Scan
12/21/18*

