

RETURN THIS TEST FORM TO:
West Virginia American Water

Fax: 304-340-2071 Contact Phone: 304-340-2070 Email: wvcen@amwater.com
 Mail: Cross Connection Department, West Virginia American Water, 1600 Pennsylvania Ave, Charleston, WV 25302

Account No.	Premise No.
LOCATION INFORMATION	
Service For: USARC - Beaver WV002	Type of Assembly: Backflow Preventers
Address: 201 Industrial Park Road	Serial: 270508 2 INCH Size:
Beaver, WV 25813	
MFG/Model No: Watts	RPZMOD909
Type of Service: Domestic <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Irrigation <input type="checkbox"/>	Water Meter No.
Location of Device: boiler room	
Isolation <input type="checkbox"/> Containment <input checked="" type="checkbox"/>	
New Assembly <input type="checkbox"/> Replaces Serial No:	

TEST MEASUREMENTS

	DC	RP	PVB/SVB	
	Check Valve #1	Check Valve #2	Pressure Diff. Relief Valve	
Initial 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
Final Date: <u>4-15-20</u> Time: <u>900</u> Line Pressure: <u>90</u>	Held at <u>8.2</u> PSID Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ 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 <u>2.5</u> PSID Did Not Open <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/> Check Valve Held _____ PSID

AIR GAP Measured vertical inches above overflow rim _____ Supply size diameter _____

COMMENTS (including maintenance performed)

TESTER INFORMATION

Initial	Tester Name <u>James Starcher</u>	Company <u>Casto Technical Services</u>
	Signature 	Certified Tester No.: <u>WVOP30542</u>
	Testing Equipment Calibration Date: <u>8-6-19</u>	PASS <input checked="" type="checkbox"/> FAIL <input type="checkbox"/>
	Testing Equipment Serial Number: <u>04142663</u>	
Final	Tester Name	Company
	Signature	Certified Tester No.:
	Testing Equipment Calibration Date:	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
	Testing Equipment Serial Number:	

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BACKFLOW TEST FORM - TO BE COMPLETED BY A QUALIFIED TESTER

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

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Account No.	Premise No.
LOCATION INFORMATION	
Service For: USARC - Beaver WV002	Type of Assembly: Backflow Preventers
Address: 201 Industrial Park Road	Serial: 310154 1 INCH Size:
Beaver, WV 25813	
MFG/Model No: Watts	RPZMOD909
Type of Service: Domestic <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Irrigation <input type="checkbox"/>	Water Meter No.
Location of Device: boiler room	
Isolation <input checked="" type="checkbox"/> Containment <input type="checkbox"/>	
New Assembly <input type="checkbox"/>	Replaces Serial No:

TEST MEASUREMENTS

	DC		RP	PVB/SVB
	Check Valve #1	Check Valve #2	Pressure Diff. Relief Valve	Air Inlet
Initial 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
Final Date: <u>4-15-19</u> Time: <u>1000</u> Line Pressure: <u>90</u>	Held at <u>8.0</u> PSID Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ 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 <u>4</u> PSID Did Not Open <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/> Check Valve Held _____ PSID

AIR GAP Measured vertical inches above overflow rim _____ Supply size diameter _____

COMMENTS (including maintenance performed)

TESTER INFORMATION

Initial	Tester Name <u>James Starcher</u>	Company <u>Casto Technical Services</u>
	Signature 	Certified Tester No.: <u>WVOP30542</u>
	Testing Equipment Calibration Date: <u>8-6-19</u>	PASS <input checked="" type="checkbox"/> FAIL <input type="checkbox"/>
	Testing Equipment Serial Number: <u>04142663</u>	
Final	Tester Name	Company
	Signature	Certified Tester No.:
	Testing Equipment Calibration Date:	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
	Testing Equipment Serial Number:	

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Account No.	Premise No.		
LOCATION INFORMATION		DEVICE INFORMATION	
Service For: USARC - Beaver WV002		Type of Assembly: Backflow Preventers	
Address: 201 Industrial Park Road		Serial: 269642 2 INCH	Size:
Beaver, WV 25813		MFG/Model No: Watts	RPZMOD909
Type of Service: Domestic <input checked="" type="checkbox"/>	Fire <input type="checkbox"/>	Irrigation <input type="checkbox"/>	Water Meter No.
Location of Device: motor pool		Isolation <input type="checkbox"/>	Containment <input checked="" type="checkbox"/>
New Assembly <input type="checkbox"/> Replaces Serial No:			

TEST MEASUREMENTS

	DC		RP	PVB/SVB
	Check Valve #1	Check Valve #2	Pressure Diff. Relief Valve	Air Inlet
Initial 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 checked="" type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/> Check Valve Held _____ PSID
Final Date: <u>4-15-20</u> Time: <u>1100</u> Line Pressure: <u>90</u>	Held at <u>8</u> _____ PSID Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ PSID Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/> #2 Shut Off Valve Closed Tight? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Opened at <u>3.8</u> _____ PSID Did Not Open <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/> Check Valve Held _____ PSID

AIR GAP Measured vertical inches above overflow rim _____ Supply size diameter _____

COMMENTS (including maintenance performed)
shut off valve 2 stuck mid position

TESTER INFORMATION

Initial	Tester Name <u>James Starcher</u>	Company <u>Casto Technical Services</u>
	Signature <u>James Starcher</u>	Certified Tester No.: <u>WVOP30542</u>
	Testing Equipment Calibration Date: <u>8-6-19</u>	PASS <input type="checkbox"/> FAIL <input checked="" type="checkbox"/>
	Testing Equipment Serial Number: <u>04142663</u>	
Final	Tester Name	Company
	Signature	Certified Tester No.:
	Testing Equipment Calibration Date:	PASS <input type="checkbox"/>
	Testing Equipment Serial Number:	FAIL <input type="checkbox"/>

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