

PA 003-01

W.O. #2318

ALTOONA, PA

ASSET # 7168

## 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.cc@amwater.com; or Mail: Attention: Cross Connection Department 2699 Stafford Ave Scranton, PA 18505

PENNSYLVANIA  
AMERICAN WATER

## LOCATION INFORMATION

Account Number: Premise Number:  
Service for: 3001 PLEASANT VALLEY HWY Altoona, PA 16602  
Service Address 1:  
Service Address 2:  
Type of Service: ☒ Domestic ☐ Fire ☐ Irrigation Backflow Device Location: Boiler Room ☒ Isolation ☐ Containment

## DEVICE INFORMATION

Type of Assembly: Watts RP2  
Serial Number: 649359 Size: 3/4"  
MFG/Model No: 909AT RP2 Water Meter No: 72914682

## TO BE COMPLETED BY TESTER

	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
INITIAL TEST Date: 2-6-18 Time: 10:30 a.m. / p.m.	Held at 7.4 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at 5.4 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Opened at 3.1 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 Date: _____ Time: _____ a.m. / p.m.	Held at PSID <input 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:

## TESTER INFORMATION - INITIAL TEST

☒ Passed ☐ Failed Tester Name (PRINT): FANNOUS SAPIENZA Company: CMI MGT, INC. Phone: 412 510-7753  
Testing Equipment Calibration Date: 1-26-19 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: Date: 2-6-18

## TESTER INFORMATION - FINAL TEST

☒ Passed ☐ 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:

Line Pressure: 60 PSI