

PA 003-01 ALTOONA, PA
W.O. #2318 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



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 RPZ
649359

Size: 3/4"

Serial Number:

MFG/Model No:

909 QT RPZ

Water Meter No: 99914682

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:

Passed Failed Tester Name (PRINT) FRANCIS SPENZI Company CMI MGT, INC. Phone 412 510-7753
Testing Equipment Calibration Date 1-26-19 Testing Equipment Serial Number 665788 Certification Testing No. NSPE-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

<input checked="" 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:	

Line Pressure: 60 PSI