

PA013-01 BUTLER, PA  
360 Evans City Rd.  
W.O. # 2319 ASSET # 7170

## 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: **US ARMY BASE**  
Service Address 1: **360 Evans City Rd. BUTLER, PA 16001-2795**  
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: **A23597** Size: **2"**  
MFG/Model No: **009M2** Water Meter No: **72771072**

### TO BE COMPLETED BY TESTER

	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
<b>INITIAL TEST</b> Date: <b>2-1-18</b> Time: <b>10:00</b> a.m. / p.m.	Held at <b>7.8</b> PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at <b>3.9</b> PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Opened at <b>4.0</b> PSID <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Opened at PSID <input type="checkbox"/> Did Not Open Check Valve Held PSID
<b>FINAL TEST</b> 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
<b>AIR GAP</b>	Measured vertical inches above overflow rim:		Supply size diameter:	
<b>COMMENTS: Reversed #2 shut off valve handle in order to test.</b>				
<b>TESTER INFORMATION - INITIAL TEST</b>				
<input checked="" type="checkbox"/> Passed <input type="checkbox"/> Failed	Tester Name: <b>FRANCIS SHERMAN</b>		Company: <b>CM2 MGMT, INC.</b>	Phone: <b>412 510 7753</b>
Testing Equipment Calibration Date: <b>1-26-18</b>		Testing Equipment Serial Number: <b>665798</b>		Certification Testing No.: <b>ASSE #30207</b>
The above report is certified to be true at the time of the test. Signature of tester: <b>Paul A. Sch...</b>			Date: <b>2-1-18</b>	
<b>TESTER INFORMATION - FINAL TEST</b>				
<input 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:	

**# 40 PSI LINE PRESSURE**