

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: <b>US ARMY BASE</b>		Service Address 1: <b>360 Evans City Rd. BUTLER, PA 16001-2795</b>			
Service Address 2:					
Type of Service: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation		Backflow Device Location: <b>Boiler Room</b> <input type="checkbox"/> Isolation <input type="checkbox"/> Containment			
DEVICE INFORMATION					
Type of Assembly: <b>WATTS RPZ</b>		Size: <b>2"</b>			
Serial Number: <b>A23599</b>		Water Meter No: <b>72441072</b>			
MFG/Model No: <b>009M2</b>					
TO BE COMPLETED BY TESTER					
INITIAL TEST Date: <b>2-1-18</b> Time: <b>10:00 a.m. / p.m.</b>	CHECK VALVE #1 Held at <b>9.8</b> PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	CHECK VALVE #2 Held at <b>3.9</b> PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	PRESSURE DIFFERENTIAL RELIEF VALVE <input checked="" type="checkbox"/> Opened at <b>4.0</b> PSID <input type="checkbox"/> Did Not Open	AIR INLET <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: <b>Reversed #2 shutoff valve handle in order to test.</b>					
TESTER INFORMATION - INITIAL TEST					
<input checked="" type="checkbox"/> Passed <input type="checkbox"/> Failed	Tester Name <b>FRANCIS SIEGEL</b>		Company <b>CMI NEXT, INC.</b>	Phone <b>412 510 7753</b>	Certification Testing No. <b>ASSE #30207</b>
Testing Equipment Calibration Date <b>1-26-18</b>			Testing Equipment Serial Number <b>665798</b>		
The above report is certified to be true at the time of the test. Signature of tester: <b>Frank A. Siegel</b>			Date: <b>2-1-18</b>		
TESTER INFORMATION - FINAL TEST					
<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Tester Name (PRINT)		Company	Phone	
Testing Equipment Calibration Date			Testing Equipment Serial Number		
The above report is certified to be true at the time of the test. Signature of tester:			Date:		

**≠ 40 PSI LINE PRESSURE**