

PA 013-01 Butler, Pa  
360 Evans City Rd.  
W.O. # 2319 ASSET # 7171

## 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 RPZ**  
Serial Number: **58656** Size: **3/4"**  
MFG/Model No: **LF929QT** 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>9:30</b> a.m. / p.m.	Held at <b>10.4</b> PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at <b>3.4</b> PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Opened at <b>2.8</b> PSID <input type="checkbox"/> Did Not Open _____	<input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did Not Open _____ PSID 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 _____ PSID Check Valve Held _____ PSID
<b>AIR GAP</b>	Measured vertical inches above overflow rim: _____		Supply size diameter: _____	

### COMMENTS:

☒ Passed ☐ Failed Tester Name: **FRANCIS SANCHEZ** Company: **CMI MGT, INC** Phone: **412 510-7753**  
Testing Equipment Calibration Date: **1-26-18** 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: **Frank Sanchez** Date: **2-1-18**

### 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: \_\_\_\_\_

\* 32 PSI Line Pressure