

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: **US ARMY BASE** Premise Number:
Service for: **360 Evans City Rd Butler, PA 16001-2795**
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: **LF919QT** Water Meter No: **72771072**

TO BE COMPLETED BY TESTER

INITIAL TEST	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
Date: 2-1-18 Time: 9:30 a.m. / p.m.	Held at 10.4 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at 3.4 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Opened at 2.9 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	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				
<input checked="" type="checkbox"/> Passed <input type="checkbox"/> Failed	Tester Name FRANCIS SARZENA	Company CMI MGT, INC.	Phone 412 510-7153	
Testing Equipment Calibration Date 1-26-18		Testing Equipment Serial Number 665788	Certification Testing No.	ASSE 3020P
The above report is certified to be true at the time of the test. Signature of tester:				Date: 2-1-18
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	Certification Testing N	
The above report is certified to be true at the time of the test. Signature of tester:				Date:

* 32 PSI Line Pressure