

PA 042 MAIN BLDG W.O. #2320 ASSET #9172

GREENSBURG, PA



MAWC
CCC Department
P.O. Box 767
Pittston, PA 18640

BACKFLOW PREVENTION ASSEMBLY
TEST & MAINTENANCE FORM
THIS FORM MUST BE COMPLETED BY AN ASSE-CERTIFIED TESTER

1. GENERAL INFORMATION

NAME OF FACILITY U S ARMY/COMD 99TH ARCOM		SERVICE ADDRESS 900 ARMORY DR GREENSBURG, PA 15601		SERVICE CLASS	
DEVICE LOCATION Inside		HAZARD ID # 3237711	ACCOUNT NUMBER G 09393	METER # 901619	
MANUFACTURER Watts	MODEL 909	SERIAL NO. 553860		SIZE .75	TYPE RP

2. TEST & REPAIR INFORMATION

	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	<input type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS FIRST CHECK VALVE <u>8.0</u> PSID	<input type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS SECOND CHECK VALVE <u>6.2</u> PSID	<input checked="" type="checkbox"/> OPEN AT <u>3.8</u> PSID <input type="checkbox"/> DID NOT OPEN	<input type="checkbox"/> AIR NET OPENED AT ____ PSID <input type="checkbox"/> DID NOT OPEN <input type="checkbox"/> CHECK VALVE ____ PSID <input type="checkbox"/> CHECK VALVE LEAKED
REPAIR				
FINAL TEST	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS FIRST CHECK VALVE ____ PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS SECOND CHECK VALVE ____ PSID	<input type="checkbox"/> OPEN AT ____ PSID <input type="checkbox"/> DID NOT OPEN	<input type="checkbox"/> AIR NET OPENED AT ____ PSID <input type="checkbox"/> DID NOT OPEN <input type="checkbox"/> CHECK VALVE ____ PSID <input type="checkbox"/> CHECK VALVE LEAKED
REMARKS	CONDITION OF NO. 2 <input checked="" type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED CONTROL VALVE		LINE PRESSURE <u>30</u> PSIG	DATE <u>2-9-18</u> PASS DATE _____ FAIL

3. APPROVALS

"I Hereby Certify that this Data is Accurate and Reflects the Proper Operation and Maintenance of the Assembly."

NAME OF CERTIFIED BACKFLOW TESTER (PRINT)		PHONE NUMBER	BUSINESS NAME
<u>FRANCIS SAPIENZA</u>		<u>412 510 7753</u>	<u>CMI MGT, INC.</u>
TEST GAUGE SERIAL NUMBER <u>665788</u>		TEST GAUGE LAST CALIBRATION DATE <u>1-26-18</u>	
INITIAL TEST	SIGNATURE OF INITIAL TESTER <u>F. Sapienza</u>	CERTIFIED TESTER NUMBER <u>ASSE# 30207</u>	DATE <u>2-9-18</u>
REPAIRS	SIGNATURE OF REPAIRER	CERTIFIED TESTER NUMBER (IF APPLICABLE)	DATE
FINAL TEST	SIGNATURE OF FINAL TESTER	CERTIFIED TESTER NUMBER	DATE

All testers must have current ASSE Certification. The tester is required to submit the completed Backflow Prevention Assembly Test & Maintenance Report(s) to our Cross-Connection Department online at pawsc.tokaytest.com. Each individual Backflow Prevention Assembly Test & Maintenance Form submitted online requires a \$17 submission fee, payable online. Reports submitted by mail require a \$25 submission fee. These forms may not be submitted via email or fax.

DUE DATE: February 28, 2018