

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

## 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 <b>8.0</b> PSID	<input type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS SECOND CHECK VALVE <b>6.2</b> PSID	<input checked="" type="checkbox"/> OPEN AT <b>3.8</b> 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		LINE PRESSURE <b>30</b> PSIG	DATE <b>2-9-18</b> 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) <b>FRANCIS SAPIENZA</b>		PHONE NUMBER <b>412 510 1753</b>	BUSINESS NAME <b>CHI MGT, INC.</b>
TEST GAUGE SERIAL NUMBER <b>665788</b>		TEST GAUGE LAST CALIBRATION DATE <b>1-26-18</b>	
INITIAL TEST	SIGNATURE OF INITIAL TESTER <i>[Signature]</i>	CERTIFIED TESTER NUMBER <b>ASSE#30207</b>	DATE <b>2-9-18</b>
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](http://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**