

PA 050-01 INDIANA, PA
W.D. #2322 ASSET #7174

* BACKFLOW DEVICE DOESN'T EXIST

Backflow Prevention Device Test Form MUST BE COMPLETED BY CERTIFIED BACKFLOW DEVICE TESTER			
<p>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</p>			
LOCATION INFORMATION			
Account Number:		Premise Number:	
Service for:			
Service Address 1:			
Service Address 2:			
Type of Service: <input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation		Backflow Device Location: <input type="checkbox"/> Isolation <input type="checkbox"/> Containment	
DEVICE INFORMATION			
Type of Assembly:			
Serial Number:		Size:	
MFG/Model No:		Water Meter No:	
TO BE COMPLETED BY TESTER			
CHECK VALVE #1		CHECK VALVE #2	
		PRESSURE DIFFERENTIAL RELIEF VALVE	
INITIAL 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 _____
FINAL TEST Date: _____ Time: _____ a.m. / p.m.		Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did Not Open _____
AIR GAP		Measured vertical inches above overflow rim: _____ Supply size diameter: _____	
COMMENTS:			
TESTER INFORMATION – INITIAL TEST			
<input type="checkbox"/> Passed <input type="checkbox"/> Failed		Tester Name <u>FRANCIS SAPIENZA</u> company <u>CMZ MOT. INC.</u> Phone <u>412 5101153</u> Testing Equipment Calibration Date <u>1-28-18</u> Testing Equipment Serial Number <u>665798</u> Certification Testing No. <u>ASSE#30207</u>	
The above report is certified to be true at the time of the test. Signature of tester:		Date: <u>1-31-18</u>	
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 No. _____	
The above report is certified to be true at the time of the test. Signature of tester:		Date:	

* UNIT DOES NOT EXIST