

PA 050-01 INDIANA, PA
W.O. # 2322 ASSET # 7219

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: | |
| 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 checked="" type="checkbox"/> Isolation <input type="checkbox"/> Containment |

DEVICE INFORMATION

| | |
|---|---------------------------------|
| Type of Assembly: <u>Wilkins/Zurn RPZ</u> | Size: <u>3/4"</u> |
| Serial Number: <u>W050459</u> | Water Meter No: <u>60660516</u> |
| MFG/Model No: <u>975XL</u> | |

TO BE COMPLETED BY TESTER

| | CHECK VALVE #1 | CHECK VALVE #2 | PRESSURE DIFFERENTIAL RELIEF VALVE | AIR INLET |
|--|---|--|---|---|
| INITIAL TEST Date: <u>1-31-18</u> Time: <u>9:30</u> a.m. / p.m. | Held at _____ PSID <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Leaked | Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked | <input type="checkbox"/> Opened at _____ PSID <input checked="" type="checkbox"/> Did Not Open | <input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did Not Open Check Valve Held _____ PSID |
| FINAL 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 Check Valve Held _____ PSID |
| AIR GAP | Measured vertical inches above overflow rim: | | Supply size diameter: | |
| COMMENTS: <u>check valve #2 would not hold steady</u> <u>DIFF. PRESS. VALVE LEAKING</u> <u>CHECK VALVE #1 LEAKS</u> | | | | |
| TESTER INFORMATION - INITIAL TEST | | | | |
| <input type="checkbox"/> Passed <input checked="" type="checkbox"/> Failed | Tester Name (PRINT) <u>FRANCIS SAPIENZA</u> | | Company <u>CMI MOT, INC.</u> | Phone <u>412 510-7753</u> |
| Testing Equipment Calibration Date <u>1-26-18</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: <u>[Signature]</u> | | | 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: | |

* 62 PSI LINE PRESSURE