

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

Backflow Prevention Device Test Form MUST BE COMPLETED BY CERTIFIED BACKFLOW DEVICE TESTER				PENNSYLVANIA AMERICAN WATER
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: wilkins/2urn RPZ		Size: 3/4"		
Serial Number: W050459		Water Meter No: 60660516		
MFG/Model No: 175XL				
TO BE COMPLETED BY TESTER				
INITIAL TEST	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
Date: 1-31-18 Time: 9:30 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 type="checkbox"/> Did Not Open _____	<input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did Not Open _____ Check Valve Held _____ PSID
FINAL TEST	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
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: DIFF. PRESS. VALVE LEAKING	
COMMENTS: Check valve #2 would not hold steady, check valve #1 leaks				
TESTER INFORMATION - INITIAL TEST				
<input type="checkbox"/> Passed <input checked="" type="checkbox"/> Failed	Tester Name (PRINT) FRANCIS SAVENZA		Company CMI MFG, INC.	Phone 412 510-7753
Testing Equipment Calibration Date 1-24-18		Testing Equipment Serial Number 665798		Certification Testing No. ASSE #30207
The above report is certified to be true at the time of the test. Signature of tester: <i>Frank Savenza</i>			Date: 1-31-18	
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 No.
The above report is certified to be true at the time of the test. Signature of tester:			Date:	

* 62 PSI LINE PRESSURE