

PA 055-01

KITANNING, PA

W.O. #2325 ASSET #7177

\* UNIT DOES NOT EXIST

## 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

PENNSYLVANIA  
AMERICAN WATER

## LOCATION INFORMATION

Account Number:

Premise Number:

Service for: US ARMY BASEService Address 1: 120 Crysler Road Kittinging, PA 16201-3104

Service Address 2:

Type of Service: ☒ Domestic ☐ Fire ☐ Irrigation

Backflow Device Location:

☒ Isolation ☐ 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	AIR INLET
<b>INITIAL TEST</b> Date: <u>2-26-18</u> 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
<b>FINAL TEST</b> 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
<b>AIR GAP</b>	Measured vertical inches above overflow rim:		Supply size diameter:	

## COMMENTS:

## TESTER INFORMATION - INITIAL TEST

☐ Passed ☐ Failed Tester Name (PRINT) FRANCIS SAPIENZA Company CMI MGT, INC Phone 412 510-7753  
Testing Equipment Calibration Date 1-26-18 Testing Equipment Serial Number 665788 Certification Testing No. ASSE #30207

The above report is certified to be true at the time of the test. Signature of tester:

Date:

Francis Sapienza2-26-18

## TESTER INFORMATION - FINAL TEST

☐ Passed ☐ 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: