

PA 067-01 New Kensington, PA
W.O. #2326 ASSET # 7178

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:
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Service for: US ARMY BASE
Service Address 1: 2450 Leechburg Road

Service Address 2:

Type of Service: Domestic Fire Irrigation Backflow Device Location: Isolation Containment

DEVICE INFORMATION

Type of Assembly: WATTS RPZ

Serial Number: 126099

Size: 2 1/2

MFG/Model No: 909

Water Meter No: 70414439

TO BE COMPLETED BY TESTER

	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
INITIAL TEST Date: 2-21-18 Time: 2:00 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
FINAL TEST Date: 2-22-18 Time: 7:00 a.m. / p.m.	Held at 7.6 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at 8.4 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Opened at 2.6 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: Failed relief valve - constantly dripping - UNIT FULL OF DIRT. Needs Rebuilt

TESTER INFORMATION - INITIAL TEST

<input type="checkbox"/> Passed <input checked="" type="checkbox"/> Failed	Tester Name (PRINT) Francis Sipietro	Company CMI MGT, INC.	Phone 412 510-7753
Testing Equipment Calibration Date 1-26-18		Testing Equipment Serial Number	Certification Testing No ASSE #30307

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

Date:

2-21-18

TESTER INFORMATION - FINAL TEST

<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Tester Name (PRINT) Jim Ellerby	Company SENTRY MECHANICAL	Phone 412 7953040
Testing Equipment Calibration Date 10/10/17		Testing Equipment Serial Number 0453361	Certification Testing No. 27608

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

Date:

2/22/18