

WV 041-01 - Weirton, WV

W.O. #2334 ASSET # 7197



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: US ARMY BASE	
Service Address 1: 100 FRONT ST. WEIRTON, W.V	
Service Address 2:	
Type of Service: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation	Backflow Device Location: Main Boiler Room <input checked="" type="checkbox"/> Isolation <input type="checkbox"/> Containment
DEVICE INFORMATION	
Type of Assembly: WATTS RPZ	
Serial Number: 81195	Size: 3/4"
MFG/Model No: LF009M3QT	Water Meter No: 1551379

TO BE COMPLETED BY TESTER

	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
INITIAL TEST Date: 9-26-18 Time: 1:15 a.m. / p.m.	Held at 33 PSID <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Leaked	Held at 2.3 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Opened at 20 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: _____ 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: #1 CHECK MUST HOLD ABOVE 5 PSID TO PASS.

TESTER INFORMATION - INITIAL TEST

<input type="checkbox"/> Passed <input checked="" type="checkbox"/> Failed	Tester Name FRANCIS APIENZA	Company CMI MGT, INC	Phone 412 510-7953
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:

2-26-18

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:	

75 PSI LINE PRESSURE

UNIT NEEDS REBUILT

WV 041-01 - Weirton, WV
W.D. #9334 ASSET #7198

Backflow Prevention Device Test Form

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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:	U.S. ARMY BASE		
Service Address 1:	100 Front St., Weirton, WV		
Service Address 2:			
Type of Service:	<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation	Backflow Device Location: Drill Room Supply Room	<input type="checkbox"/> Isolation <input type="checkbox"/> Containment

DEVICE INFORMATION

Type of Assembly:	WATTS RPZ
Serial Number:	A57066
MFG/Model No:	009MT
Size:	2"
Water Meter No:	1551379

TO BE COMPLETED BY TESTER

	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
INITIAL TEST Date: 1-26-18 Time: 9:15 a.m. / p.m.	Held at 6.3 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at 3.1 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Opened at 2.4 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: _____ 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:

TESTER INFORMATION - INITIAL TEST

<input checked="" 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: _____

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: _____

Line Pressure 30 PSI