

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: <b>US ARMY BASE</b>	
Service Address 1: <b>100 FRONT ST. WEIRTON, WV</b>	
Service Address 2:	
Type of Service: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation	Backflow Device Location: <b>Main Boiler Room</b> <input checked="" type="checkbox"/> Isolation <input type="checkbox"/> Containment

### DEVICE INFORMATION

Type of Assembly: <b>WATTS RPZ</b>	
Serial Number: <b>81795</b>	Size: <b>3/4"</b>
MFG/Model No: <b>LF009M3QT</b>	Water Meter No: <b>1551379</b>

### TO BE COMPLETED BY TESTER

	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
<b>INITIAL TEST</b> Date: <b>2-26-18</b> Time: <b>1:45</b> a.m. / p.m.	Held at <b>2.3</b> PSID <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Leaked	Held at <b>2.3</b> PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Opened at <b>2.0</b> 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:	
<b>COMMENTS: #1 CHECK MUST HOLD ABOVE 5 PSID TO PASS.</b>				
<b>TESTER INFORMATION - INITIAL TEST</b>				
<input type="checkbox"/> Passed <input checked="" type="checkbox"/> Failed	Tester Name: <b>FRANCIS SAPIENZA</b>		Company: <b>CMI MGT, INC</b>	Phone: <b>412 510-7953</b>
Testing Equipment Calibration Date: <b>1-26-18</b>		Testing Equipment Serial Number: <b>665788</b>		Certification Testing No: <b>ASSE #30207</b>
The above report is certified to be true at the time of the test. Signature of tester:			Date: <b>2-26-18</b>	
<b>TESTER INFORMATION - FINAL TEST</b>				
<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

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W.D. #2334 ASSET #7198

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### LOCATION INFORMATION

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

### DEVICE INFORMATION

Type of Assembly: <u>WATTS RPZ</u>	
Serial Number: <u>A57056</u>	Size: <u>2"</u>
MFG/Model No: <u>009MT</u>	Water Meter No: <u>1551379</u>

### 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: <u>9:15</u> a.m. / p.m.	Held at <u>6.3</u> PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at <u>3.1</u> PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Opened at <u>2.4</u> 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

<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