

WV 038-01 ROMNEY, WV  
W.O. #2350 ASSET #7216

## 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: U.S. ARMY BASE	
Service Address 1: 11 Industrial Park Dr.	Romney, W.V.
Service Address 2:	
Type of Service: <input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation	Backflow Device Location: <input type="checkbox"/> Isolation <input type="checkbox"/> Containment

### DEVICE INFORMATION

Type of Assembly: Wilkins/Zurn RPZ	
Serial Number: 958006	Size: 3/4"
MFG/Model No: 975XL	Water Meter No: 14412132

### TO BE COMPLETED BY TESTER

	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
<b>INITIAL TEST</b> Date: 2-23-18 Time: 10:00 a.m. / p.m.	Held at 78.4 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at 70.9 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Opened at 2.3 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) 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: <i>Frank A. Lahr</i>		Date: 2-23-18	

### 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:	

55 PSI LINE PRESSURE