

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
INITIAL TEST Date: 2-23-18 Time: 10:00 a.m. / p.m.	Held at 70.4 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at 79 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Opened at 23 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) Francis Sripionzo		Company CMI MGT, INC	Phone 412 510-7753
Testing Equipment Calibration Date 1-26-18		Testing Equipment Serial Number 665783		Certification Testing No. ASSE #30207
The above report is certified to be true at the time of the test. Signature of tester: Frank J. Sripionzo			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