

ST MARY'S PA

PA 087-01

W.O.#2354 ASSET#7222

Backflow Prevention Device Test Form

MUST BE COMPLETED BY CERTIFIED BACKFLOW DEVICE TESTER

PENNSYLVANIA
AMERICAN WATER

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

Service Address 1:

500 N. ST. MARY'S ST.

ST. MARY PA 15857

Service Address 2:

Type of Service: ☒ Domestic ☐ Fire ☐ Irrigation

Backflow Device Location:

☒ Isolation ☐ Containment

Type of Assembly:

Wilkins

RP2

Serial Number:

573177

Size:

2"

MFG/Model No:

975XL

Water Meter No:

5A122333

TO BE COMPLETED BY TESTER

	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
INITIAL TEST Date: 2-8-18 Time: 12:30 a.m. / p.m.	Held at 7.5 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at 8.9 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Opened at 2.0 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

☒ Passed ☐ Failed Tester Name: FRANCIS SAMPENZA Company: CME MGT, INC. Phone: 412 510-7753
Testing Equipment Calibration Date: 1-26-18 Testing Equipment Serial Number: 665798 Certification Testing No.: ASSE#30207

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

Date:

2-8-18

TESTER INFORMATION - FINAL TEST

☐ Passed ☐ 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 INCOMING LINE PRESSURE

*Relief valve drain/pipe missing.

ST MARY'S PA

PA 087-01

W.O. #2354 ASSET # 7268

Backflow Prevention Device Test Form

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PENNSYLVANIA
AMERICAN WATER

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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: US ARMY	
Service Address 1: 500 N. ST MARY'S RD ST MARY PA 19857	
Service Address 2:	
Type of Service: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation	Backflow Device Location: <input checked="" type="checkbox"/> Isolation <input type="checkbox"/> Containment

DEVICE INFORMATION

Type of Assembly: WATTS	
Serial Number: 504380	Size: 1"
MFG/Model No: 909QT	Water Meter No: 52122333

TO BE COMPLETED BY TESTER

	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
INITIAL TEST	Held at <u>0</u> PSID <input checked="" type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Leaked	Held at <u>0</u> PSID <input checked="" type="checkbox"/> Closed Tight <input checked="" 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 _____ PSID Check Valve Held _____ PSID
FINAL TEST	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 _____ PSID Check Valve Held _____ PSID
AIR GAP	Measured vertical inches above overflow rim:		Supply size diameter:	

COMMENTS:

TESTER INFORMATION - INITIAL TEST

<input type="checkbox"/> Passed <input checked="" type="checkbox"/> Failed	Tester Name: FRANCIS SAPIENZA	Company: CM3 MGT, INC.	Phone:
Testing Equipment Calibration Date:	Testing Equipment Serial Number: 665796	Certification Testing No: ASSET #30207	

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

Date:

2-8-18

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:

check valve #2 Leaked, unit fails instantly.
70 PSI Incoming Line Pressure

* Relief valve drain/pipe missing.