

ST MARY'S PA

PA 087-02

W.O. #2354 ASSET #7222

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: **USARMY**
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

DEVICE INFORMATION

Type of Assembly: **Wilkins RP2**
Serial Number: **573177** Size: **2"**
MFG/Model No: **975+L** Water Meter No: **5A122333**

TO BE COMPLETED BY TESTER

	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
INITIAL TEST Date: 28-18 Time: 12:30 a.m. / p.m.	Held at 7.9 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:

Passed Failed Tester Name: **FRANCIS SANTANA** Company: **CMB MGT, INC.** Phone: **412 510-7753**
Testing Equipment Calibration Date: **1-26-18** Testing Equipment Serial Number: **665718** Certification Testing No: **ASSE #30207**

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

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

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: pawcc@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 15857	
Service Address 2:	

Type of Service: Domestic Fire Irrigation Backflow Device Location: Isolation Containment

DEVICE INFORMATION

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

TO BE COMPLETED BY TESTER

	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
INITIAL TEST	Held at PSID <input checked="" type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Leaked	Held at 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 _____ 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 _____ 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: 665788	

The above report is certified to be true at the time of the test. Signature of tester: **John A. Aar** 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: _____	
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,
20 PSI incoming line pressure**

*** Relief valve drain/pipe missing.**