

ST MARY'S PA

PA 087-02

W.D# 2357 ASSET# 7228

Backflow Prevention Device Test Form

MUST BE COMPLETED BY CERTIFIED BACKFLOW DEVICE TESTER

PENNSYLVANIA
AMERICAN WATERPlease 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. MARYS RD	ST. MARY'S PA 15857
Service Address 2:	
Type of Service: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation	Backflow Device Location: BLDG 2 MOTOR POOL <input checked="" type="checkbox"/> Isolation <input type="checkbox"/> Containment

DEVICE INFORMATION

Type of Assembly: WATTS RP2	Size: 3/4"
Serial Number: 477234	Water Meter No: 52122333
MFG/Model No: 809QT	

TO BE COMPLETED BY TESTER

	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
INITIAL TEST Date: 2-8-18 Time: 1:00 a.m. / p.m.	Held at 9.3 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at 9.0 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Opened at 3.6 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 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:

Date:

*Francis Sapienza***2-8-18**

TESTER INFORMATION - FINAL 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:

70 PSI INCOMING LINE PRESSURE