

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



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: **US ARMY** Premise Number:

Service for: **US ARMY**
Service Address 1: **500N. ST. MARY'S RD ST. MARY'S PA 15857**

Service Address 2:

Type of Service: Domestic Fire Irrigation Backflow Device Location: **BLDG 2 MOTOR POOL** Isolation Containment

DEVICE INFORMATION

Type of Assembly: **WATTS RP2**

Serial Number: **477934**

Size: **3 1/4"**

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 Date: 2-8-18 Time: 1:00 a.m. / p.m.	Held at 53 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 SAVIENZA Company CMINGT, 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: 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