

PA 011-01 BROOKVILLE, PA

W.D. #2383 ASSET #7267

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: **20 SPRUCE ST. Brookville, PA 15825**
Service Address 1:
Service Address 2:

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

DEVICE INFORMATION

Type of Assembly: **Wilkins/Zurn RPZ** Size: **3/4"**
Serial Number: **1133615** Water Meter No: **80412676**
MFG/Model No: **975XL**

TO BE COMPLETED BY TESTER

	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
INITIAL TEST Date: 1-26-18 Time: 2:30 a.m. / p.m.	Held at 9.2 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at 4.1 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Opened at 2.7 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 SAPIENZA** Company: **CMI MGT, INC** Phone: **412 530-7753**
Testing Equipment Calibration Date: **1-26-18** Testing Equipment Serial Number: **665788** Certification Testing No. **ASSE#30807**

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

Date:

2-6-18

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:	

Frank A. D'Amico

* Found #2 shutoff valve in closed position
→ Test cocks #3 + #4 leak, but O.K.
(They have Brass Nipples w/o-Rings)