

PA 011-01 BROOKVILLE, PA

W.O. # 2383 ASSET # 7267

Backflow Prevention Device Test Form				PENNSYLVANIA AMERICAN WATER	
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.co@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: 20 SPRUCE ST. Brookville, PA		15825			
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: Wilkins/Zurn RP2					
Serial Number: 1133615		Size: 3/4"			
MFG/Model No: 975XL		Water Meter No: 80412676			
TO BE COMPLETED BY TESTER					
	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET	
INITIAL TEST	Held at 9.2 PSID	Held at 4.1 PSID	<input checked="" type="checkbox"/> Opened at 2.7 PSID	<input type="checkbox"/> Opened at _____ PSID	
Date: 2-6-18	<input checked="" type="checkbox"/> Closed Tight	<input checked="" type="checkbox"/> Closed Tight	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did Not Open	
Time: 2:30 a.m. / p.m.	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked		Check Valve Held _____ PSID	
FINAL TEST	Held at _____ PSID	Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	
Date: _____	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did Not Open	
Time: _____ a.m. / p.m.	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked		Check Valve Held _____ PSID	
AIR GAP	Measured vertical inches above overflow rim:		Supply size diameter:		
COMMENTS:					
TESTER INFORMATION - INITIAL TEST					
<input checked="" type="checkbox"/> Passed <input type="checkbox"/> Failed		Tester Name: FRANCIS SAPIENZA		Company: CMH MGT, INC	
Testing Equipment Calibration Date: 1-26-18		Testing Equipment Serial Number: 665788		Phone: 412 540-7753	
The above report is certified to be true at the time of the test.		Signature of tester: Paul A. Luber		Date: 2-6-18	
TESTER INFORMATION - FINAL TEST					
<input type="checkbox"/> Passed <input type="checkbox"/> Failed		Tester Name (PRINT):		Company:	
Testing Equipment Calibration Date:		Testing Equipment Serial Number:		Phone:	
The above report is certified to be true at the time of the test.		Signature of tester:		Date:	
Certification Testing No.:		ASKE # 30807			

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