

PA 003-01-ALTOONA, PA
W.O # 2395 ASSET # 7168

Backflow Prevention Device Test Form

MUST BE COMPLETED BY CERTIFIED BACKFLOW DEVICE TESTER



PENNSYLVANIA
AMERICAN WATER

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: 3001 Pleasant Valley Hwy Altoona, PA 16602
Service Address 1:
Service Address 2:
Type of Service: ☒ Domestic ☐ Fire ☐ Irrigation Backflow Device Location: Boiler Room ☒ Isolation ☐ Containment

DEVICE INFORMATION

Type of Assembly: Wilkins RPZ
Serial Number: 8112007 Size: 2" 72914682
MFG/Model No: 975XL RP Water Meter No:

TO BE COMPLETED BY TESTER

	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
INITIAL TEST Date: 2-6-18 Time: 2:30 a.m. / p.m.	Held at 4.2 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at 4.2 PSID <input checked="" 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 _____ PSID 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 _____ PSID Check Valve Held _____ PSID
AIR GAP	Measured vertical inches above overflow rim:		Supply size diameter:	

COMMENTS:

TESTER INFORMATION - INITIAL TEST

☐ Passed ☒ Failed Tester Name: FRANCIS S. SANCHEZ Company: CMI MGT. INC. Phone: 412 510-7753
Testing Equipment Calibration Date: 1-26-18 Testing Equipment Serial Number: 6657978 Certification Testing No.:
The above report is certified to be true at the time of the test. Signature of tester: [Signature] Date: 2-6-18

TESTER INFORMATION - FINAL TEST

☐ Passed ☒ 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:

Line Pressure: 80 PSI

#1 CHECK VALVE MUST HOLD AT 5 PSI OR ABOVE