

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

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:	Premise Number:
Service for: 3001 Pleasant Valley Hwy Altoona, PA 16602	
Service Address 1:	
Service Address 2:	
Type of Service: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation	Backflow Device Location: Boiler Room <input checked="" type="checkbox"/> Isolation <input type="checkbox"/> Containment

DEVICE INFORMATION

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

TO BE COMPLETED BY TESTER

	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
INITIAL TEST Date: 2-6-18 Time: a.m. / p.m.	Held at 4.2 PSID <input type="checkbox"/> Closed Tight <input checked="" 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 _____ Check Valve Held _____ PSID
FINAL TEST Date: _____ Time: a.m. / p.m.	Held at _____ PSID <input type="checkbox"/> Closed Tight <input checked="" 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 checked="" type="checkbox"/> Failed	Tester Name (PRINT)	Company	Phone
Testing Equipment Calibration Date 1-26-18		Testing Equipment Serial Number 665998	Certification Testing No.
The above report is certified to be true at the time of the test. Signature of tester: <i>Frank J. Saccoccia</i>			Date: 2-6-18
TESTER INFORMATION - FINAL TEST			
<input type="checkbox"/> Passed <input checked="" 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:

Line Pressure: 80 PSI

#1 CHECK VALVE MUST HOLD AT 5 PSI OR ABOVE