

PA 042 MAIN BLDG. WD# 2397 ASSET # 7172  
GREENSBURG, PA



MAWC  
CCC Department  
P.O. Box 767  
Pittston, PA 18640

BACKFLOW PREVENTION ASSEMBLY  
TEST & MAINTENANCE FORM  
THIS FORM MUST BE COMPLETED BY AN ASSE-CERTIFIED TESTER

1. GENERAL INFORMATION

|   |                       |  |                                  |                            |  |
|---|-----------------------|--|----------------------------------|----------------------------|--|
| NAME OF FACILITY<br><b>U S ARMY/COMD 99TH ARCOM</b> |                       | SERVICE ADDRESS<br><b>900 ARMORY DR<br/>GREENSBURG, PA 15601</b> |                                  | SERVICE CLASS              |  |
| DEVICE LOCATION<br><b>Inside</b>                    |                       | HAZARD ID #<br><b>3252685</b>                                    | ACCOUNT NUMBER<br><b>G 09393</b> | METER #<br><b>85359219</b> |  |
| MANUFACTURER<br><b>Watts</b>                        | MODEL<br><b>919QT</b> | SERIAL NO.<br><b>18759</b>                                       | SIZE<br><b>2</b>                 | TYPE<br><b>RP</b>          |  |

2. TEST & REPAIR INFORMATION

|                 | CHECK VALVE NO. 1  | CHECK VALVE NO. 2   | DIFFERENTIAL PRESSURE<br>RELIEF VALVE   | PRESSURE VACUUM BREAKER  |
|-----------------|--|---|---|--|
| INITIAL<br>TEST | <input checked="" type="checkbox"/> LEAKED<br><input type="checkbox"/> CLOSED TIGHT<br>PRESSURE DROP ACROSS<br>FIRST CHECK VALVE ____ PSID | <input type="checkbox"/> LEAKED<br><input checked="" type="checkbox"/> CLOSED TIGHT<br>PRESSURE DROP ACROSS<br>SECOND CHECK VALVE <b>2.6</b> PSID | <input type="checkbox"/> OPEN AT ____ PSID<br><input type="checkbox"/> DID NOT OPEN | <input type="checkbox"/> AIR NET OPENED AT ____ PSID<br><input type="checkbox"/> DID NOT OPEN<br><input type="checkbox"/> CHECK VALVE ____ PSID<br><input type="checkbox"/> CHECK VALVE LEAKED |
| REPAIR          |  |   |   |  |
| FINAL<br>TEST   | <input type="checkbox"/> LEAKED<br><input type="checkbox"/> CLOSED TIGHT<br>PRESSURE DROP ACROSS<br>FIRST CHECK VALVE ____ PSID            | <input type="checkbox"/> LEAKED<br><input type="checkbox"/> CLOSED TIGHT<br>PRESSURE DROP ACROSS<br>SECOND CHECK VALVE ____ PSID                  | <input type="checkbox"/> OPEN AT ____ PSID<br><input type="checkbox"/> DID NOT OPEN | <input type="checkbox"/> AIR NET OPENED AT ____ PSID<br><input type="checkbox"/> DID NOT OPEN<br><input type="checkbox"/> CHECK VALVE ____ PSID<br><input type="checkbox"/> CHECK VALVE LEAKED |
| REMARKS         | CONDITION OF NO. 2 <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED<br>CONTROL VALVE                                  |   | LINE PRESSURE ____ PSIG   | DATE ____ PASS<br>DATE <b>2-14-18</b> FAIL   |

3. APPROVALS

**#1 CHECK VALVE WOULD NOT HOLD - LEAKED**

|  |                                 |  |                                   |
|--|---------------------------------|--|-----------------------------------|
| "I Hereby Certify that this Data is Accurate and Reflects the Proper Operation and Maintenance of the Assembly." |                                 |  |                                   |
| NAME OF CERTIFIED BACKFLOW TESTER (PRINT)<br><b>FRANCIS SAPIENZA</b>   |                                 | PHONE NUMBER<br><b>412-5107753</b>                 | BUSINESS NAME<br><b>CM I, INC</b> |
| TEST GAUGE SERIAL NUMBER<br><b>665788</b>  |                                 | TEST GAUGE LAST CALIBRATION DATE<br><b>1-26-18</b> |                                   |
| INITIAL<br>TEST  | SIGNATURE OF INITIAL TESTER<br> | CERTIFIED TESTER NUMBER<br><b>ASSE # 30207</b>     | DATE<br><b>2-14-18</b>            |
| REPAIRS  | SIGNATURE OF REPAIRER           | CERTIFIED TESTER NUMBER<br>(IF APPLICABLE)         | DATE                              |
| FINAL<br>TEST  | SIGNATURE OF FINAL TESTER       | CERTIFIED TESTER NUMBER                            | DATE                              |

All testers must have current ASSE Certification. The tester is required to submit the completed Backflow Prevention Assembly Test & Maintenance Report(s) to our Cross-Connection Department online at [pawsc.tokaytest.com](http://pawsc.tokaytest.com). Each individual Backflow Prevention Assembly Test & Maintenance Form submitted online requires a \$17 submission fee, payable online. Reports submitted by mail require a \$25 submission fee. These forms may not be submitted via email or fax.

DUE DATE: February 28, 2018

**85 PSI LINE  
PRESSURE**