

PA 042 MAIN BLDG. W.D. #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 U S ARMY/COMD 99TH ARCOM		SERVICE ADDRESS 900 ARMORY DR GREENSBURG, PA 15601		SERVICE CLASS	
DEVICE LOCATION Inside		HAZARD ID # 3252685	ACCOUNT NUMBER G 09393	METER # 85359219	
MANUFACTURER Watts	MODEL 919QT	SERIAL NO. 18759		SIZE 2	TYPE RP

## 2. TEST &amp; REPAIR INFORMATION

	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	<input checked="" type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS FIRST CHECK VALVE ____ PSID	<input type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS SECOND CHECK VALVE ____ PSID	<input type="checkbox"/> OPEN AT ____ PSID <input type="checkbox"/> DID NOT OPEN	<input type="checkbox"/> AIR NET OPENED AT ____ PSID <input type="checkbox"/> DID NOT OPEN <input type="checkbox"/> CHECK VALVE ____ PSID <input type="checkbox"/> CHECK VALVE LEAKED
REPAIR				
FINAL TEST	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS FIRST CHECK VALVE ____ PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS SECOND CHECK VALVE ____ PSID	<input type="checkbox"/> OPEN AT ____ PSID <input type="checkbox"/> DID NOT OPEN	<input type="checkbox"/> AIR NET OPENED AT ____ PSID <input type="checkbox"/> DID NOT OPEN <input type="checkbox"/> CHECK VALVE ____ PSID <input type="checkbox"/> CHECK VALVE LEAKED
REMARKS	CONDITION OF NO. 2 CONTROL VALVE	<input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED	LINE PRESSURE ____ PSIG	DATE ____ PASS 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) <b>FRANCIS SARIENZA</b>		PHONE NUMBER <b>412-5107753</b>	BUSINESS NAME <b>CMI, INC</b>
TEST GAUGE SERIAL NUMBER <b>665788</b>		TEST GAUGE LAST CALIBRATION DATE <b>1-26-18</b>	
INITIAL TEST	SIGNATURE OF INITIAL TESTER <b>G. A. Dohm</b>	CERTIFIED TESTER NUMBER <b>ASSE # 30207</b>	DATE <b>2-14-18</b>
REPAIRS	SIGNATURE OF REPAIRER	CERTIFIED TESTER NUMBER (IF APPLICABLE)	DATE
FINAL 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**