

PA 050.01 INDIANA, PA

W.O. # 2399 ASSET # 7174

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: 443 N. 4th St. Indiana, PA 15701 | |
| 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: <input checked="" type="checkbox"/> Isolation <input type="checkbox"/> Containment |

DEVICE INFORMATION

| | |
|-----------------------------|--------------------------|
| Type of Assembly: RPT WATTS | |
| Serial Number: A44345 | Size: 2" |
| MFG/Model No: 009M2QT | Water Meter No: 60660516 |

TO BE COMPLETED BY TESTER

| | CHECK VALVE #1 | CHECK VALVE #2 | PRESSURE DIFFERENTIAL RELIEF VALVE | AIR INLET |
|--|---|---|---|---|
| INITIAL TEST Date: 1-31-18 Time: 4:00 a.m. / p.m. | Held at 3.8 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked | Held at 4.0 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked | <input checked="" type="checkbox"/> Opened at 2.5 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 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 checked="" type="checkbox"/> Passed <input type="checkbox"/> Failed | Tester Name: FRANCIS SAPIENZA | Company: CAI MGT, INC. | Phone: 412 510-7753 |
| Testing Equipment Calibration Date: 1-28-18 | Testing Equipment Serial Number: 665998 | Certification Testing No: ASSE # 30207 | |
| The above report is certified to be true at the time of the test. Signature of tester: <i>Sub 1 Sub</i> | | | Date: 1-31-18 |



TESTER INFORMATION - FINAL TEST

| | | | |
|--|----------------------------------|----------------------------|--------|
| <input checked="" type="checkbox"/> Passed <input 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: |

* 80 PSI LINE PRESSURE

PA 050-01 INDIANA, PA
W.O. # 2399 ASSET # 7219 *BACKFLOW DEVICE DOESN'T EXIST.

W.O. # 2399 ASSET # 7219

| 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: | | | | | |
| Service Address 1: | | | | | |
| Service Address 2: | | | | | |
| Type of Service: <input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation | | | Backflow Device Location: <input type="checkbox"/> Isolation <input type="checkbox"/> Containment | | |
| DEVICE INFORMATION | | | | | |
| Type of Assembly: | | | | | |
| Serial Number: | | | Size: | | |
| MFG/Model No: | | | Water Meter No: | | |
| TO BE COMPLETED BY TESTER | | | | | |
| | CHECK VALVE #1 | CHECK VALVE #2 | PRESSURE DIFFERENTIAL RELIEF VALVE | AIR INLET | |
| INITIAL TEST | Held at _____ PSID Date: _____ Time: _____ a.m. / p.m. <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 _____ Check Valve Held _____ PSID | |
| FINAL TEST | Held at _____ PSID Date: _____ Time: _____ a.m. / p.m. <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 _____ 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 type="checkbox"/> Failed Tester Name: FRANCIS SPINZA Company: CME MFG, INC. Phone: 412 510-7753 | | | | | |
| Testing Equipment Calibration Date: 1-28-18 Testing Equipment Serial Number: 665798 Certification Testing No: ASSE#90207 | | | | | |
| The above report is certified to be true at the time of the test. Signature of tester:  | | | Date: 1-31-18 | | |
| TESTER INFORMATION - FINAL TEST | | | | | |
| <input type="checkbox"/> Passed <input 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: | | |

*UNIT DOES NOT EXIST