

PA055-01

KITTANNING, PA

W.O. # 2402 ASSET # 7177

## 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: US ARMY BASE	
Service Address 1: 120 Cryzter Road Kittanning, PA 16801-3704	
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: WATTS RP2	
Serial Number: 168251	Size: 3"
MFG/Model No: 909	Water Meter No: 1144597

## TO BE COMPLETED BY TESTER

	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
INITIAL TEST Date: 2-26-18 Time: a.m. / p.m.	Held at 2.5 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at 5.5 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Opened at 2.0 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 (PRINT): FRANCIS SAPIENZA	Company: CMI MGT, INC	Phone: 412 510-7153
Testing Equipment Calibration Date: 1-26-18		Testing Equipment Serial Number: 6651788	Certification Testing No. ASSE #3020
The above report is certified to be true at the time of the test. Signature of tester:		Date: 2-26-18	
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:	

50 PSI LINE PRESSURE

