

PA055-01

KIT TANNING, PA

W.O. # 2402 ASSET # 7177

Backflow Prevention Device Test Form

MUST BE COMPLETED BY CERTIFIED BACKFLOW DEVICE TESTER

PENNSYLVANIA
AMERICAN WATERPlease return completed form by mail or fax to Pennsylvania American Water: Fax: 570-341-3296;
Email: paw.oc@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 CRYTZER ROAD Kittanning, PA 16201-3704

Service Address 2:

Type of Service: ☒ Domestic ☐ Fire ☐ Irrigation

Backflow Device Location:

☒ Isolation ☐ 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

☒ Passed ☐ Failed Tester Name (PRINT) FRANCIS SAPIENZA Company CMI MGT, INC Phone 412 510-7753
Testing Equipment Calibration Date 1-26-18 Testing Equipment Serial Number 665788 Certification Testing No. ASSE # 30207

The above report is certified to be true at the time of the test. Signature of tester:

Date:

[Signature]

2-26-18

TESTER INFORMATION - FINAL TEST

☐ Passed ☐ 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