

PA 079-01 7100 LEECH FARM RD

W.O. #2404 ASSET #7170

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: 7100 Leech Farm Rd	
Service Address 2: Pittsburgh, PA 15206-1206	
Type of Service: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation	Backflow Device Location: BOILER ROOM <input checked="" type="checkbox"/> Isolation <input type="checkbox"/> Containment

DEVICE INFORMATION

Type of Assembly: WATTS RPZ	
Serial Number: 545694	Size: 3/4"
MFG/Model No: 909QT	Water Meter No: 73412340

TO BE COMPLETED BY TESTER

	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
INITIAL TEST Date: 5-21-18 Time: 9:30 a.m. / p.m.	Held at 8.0 PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at 6.2 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Opened at 4.0 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) FRANCISAPIENZA	Company CUI MGT, INC	Phone 412 510-7753
Testing Equipment Calibration Date 1-26-18	Testing Equipment Serial Number 6651788	Certification Testing No. ASSE #30207	

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

Date: 2-21-18

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:		

Line Pressure 60 PSI