

PA 079-01

7100 Leech Farm Rd
W.O. # 2404 ASSET # 7180

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.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 Road**
Service Address 2: **Pittsburgh, PA 15206-1206**
Type of Service: ☒ Domestic ☐ Fire ☐ Irrigation Backflow Device Location: **BOILER ROOM** ☒ Isolation ☐ Containment

DEVICE INFORMATION

Type of Assembly: **WATTS RP2**
Serial Number: **30956** Size: **2"**
MFG/Model No: **919 QT** Water Meter No: **73412340**

TO BE COMPLETED BY TESTER

	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
INITIAL TEST Date: 2-21-18 Time: 8:45 a.m. / p.m.	Held at 5.4 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at 5.0 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Opened at 2.1 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 **665783** 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

☐ Passed ☐ Failed Tester Name (PRINT) _____ Company _____ Phone _____

115 PSI LINE PRESSURE

PA 079-01

7100
LEECH FARM ROAD

W.D. #2404

ASSET #7181

*UNIT DOES NOT EXIST

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AMERICAN WATER

LOCATION INFORMATION

Account Number:	Premise Number:
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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:	Size:
Serial Number:	Water Meter No:
MFG/Model No:	

TO BE COMPLETED BY TESTER

	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
INITIAL 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
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 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:

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: