

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

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 Road				
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: 30956	Size: 2 ^{1/2}			
MFG/Model No: 919 QT	Water Meter No: 7341234D			
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				
<input checked="" type="checkbox"/> Passed <input type="checkbox"/> 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 #30307
The above report is certified to be true at the time of the test. Signature of tester: <i>Francis Sapienza</i>			Date: 2-21-18	
TESTER INFORMATION - FINAL TEST				
<input type="checkbox"/> Passed <input type="checkbox"/> 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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LOCATION INFORMATION

Account Number:	Premise Number:
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Service for:	
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Service Address 1:	
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Service Address 2:	
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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
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DEVICE INFORMATION

Type of Assembly:	
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Serial Number:	Size:
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MFG/Model No:	Water Meter No:
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TO BE COMPLETED BY TESTER

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