

PA080-02 PUNXYTAWNEY, PA

W.A. #2405 ASSET #7182

Backflow Prevention Device Test Form				PENNSYLVANIA AMERICAN WATER	
MUST BE COMPLETED BY CERTIFIED BACKFLOW DEVICE TESTER					
Please return completed form by mail or fax to Pennsylvania American Water: Fax: 570-341-3298; 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					
Service Address 1: 225 Center St. Punxytowney, PA 15767-1229					
Service Address 2:					
Type of Service: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation		Backflow Device Location: Motor Pool		<input checked="" type="checkbox"/> Isolation <input type="checkbox"/> Containment	
DEVICE INFORMATION					
Type of Assembly: WATTS RPZ					
Serial Number: 156460		Size: 1 1/2"			
MFG/Model No: 009M2QT		Water Meter No: 15361591			
TO BE COMPLETED BY TESTER					
	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET	
INITIAL TEST Date: 2-7-18 Time: 9:45 a.m. / p.m.	Held at 7.0 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at 5.8 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Opened at 3.1 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: FRANCIS SAPIENZA		Company: CAI MGT. INC	
Testing Equipment Calibration Date: 1-26-18		Testing Equipment Serial Number: 665788		Phone: 412 510 9753	
The above report is certified to be true at the time of the test. Signature of tester: [Signature]		Date: 2-7-18		Certification Testing No: ASSET#30207	
TESTER INFORMATION - FINAL TEST					
<input type="checkbox"/> Passed <input type="checkbox"/> Failed		Tester Name (PRINT):		Company:	
Testing Equipment Calibration Date:		Testing Equipment Serial Number:		Phone:	
The above report is certified to be true at the time of the test. Signature of tester:		Date:		Certification Testing No:	

Line Pressure: 80 PSI