

PA080-02 PUNXY TAWNEY, PA

W.I. #2405 ASSET #7182

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 Service Address 1: 225 Center St. Punxsutawney, 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	Size: 1 1/2"
Serial Number: 156460	Water Meter No: 15361591
MFG/Model No: 009M2QT	

TO BE COMPLETED BY TESTER

	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
INITIAL TEST Date: 1-26-18 Time: 9:45 -	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:

<input checked="" type="checkbox"/> Passed <input type="checkbox"/> Failed	Tester Name FRANCIS SAPIENZA	Company CMI MFG, INC	Phone 412 510 9953
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: John Sapienza			Date: 2-7-18
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: 80 PSI