

WV 038-07 ROMNEY, WV  
W.O. #2427 ASSET # 7217



## 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: U.S. ARMY BASE	
Service Address 1: 11 Industrial Park Rd Romney, WV	
Service Address 2:	
Type of Service: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation	Backflow Device Location: <input checked="" type="checkbox"/> Isolation <input type="checkbox"/> Containment
DEVICE INFORMATION	
Type of Assembly: Wilkins 2urn RPZ	
Serial Number: 957688	Size: 3/4"
MFG/Model No: 975XL	Water Meter No: 14412132

### TO BE COMPLETED BY TESTER

	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
INITIAL TEST Date: 2-23-18 Time: 10:00 a.m. / p.m.	Held at 70 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at 70 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Opened at 2.2 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 #30207	

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

Date:

2-23-18

### 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:	

40 PSI LINE PRESSURE