

PA 020-01 Dubois, PA  
W.D. #2428 ASSET # 7218

## 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:	Dubois, PA
Service Address 2:	
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

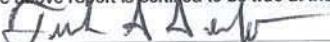
### DEVICE INFORMATION

Type of Assembly:	
Serial Number: B157483	Size: 2"
MFG/Model No: 375XL	Water Meter No: 6216 9906

### TO BE COMPLETED BY TESTER

	CH-72 VF #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
INITIAL TEST Date: 2-22-18 Time: 11:00 a.m. / p.m.	Held at 24.3 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at 16 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Opened at 7.8 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 Sipenzer	Company: CMI MGT, INC.	Phone: 412 510 7753	
Testing Equipment Calibration Date: 1-26-18		Testing Equipment Serial Number: 65788	Certification Testing No: ASE #30207	

The above report is certified to be true at the time of the test. Signature of tester:		Date: 2-22-18
		

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:		

89 PSI Line Pressure