

PA 096-01 WASHINGTON, PA

W.O.# 2431 ASSET # 7225

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:
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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 checked="" type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation	Backflow Device Location: <input checked="" type="checkbox"/> Isolation <input type="checkbox"/> Containment
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DEVICE INFORMATION

Type of Assembly: RP2	Size: 3/4"
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Serial Number: W050373	Water Meter No: 52259951
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MFG/Model No: WILKINSBURG 975XL	
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TO BE COMPLETED BY TESTER

INITIAL TEST	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
Date: 2/20/18 Time: 8:30 a.m. / p.m.	Held at 9.3 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at 7.2 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	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
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: <i>Frank Sapienza</i>	Date: 2-20-18
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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: <i>Frank Sapienza</i>	Date:
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18 PSI LINE PRESSURE

PR 096-01 WASHINGTON, PA

W.O. # 2431 ASSET # 7250

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:
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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: <u>1 1/2"</u>
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MFG/Model No: <u>Wilkins/Zurn 975XL</u>	Water Meter No: <u>52259751</u>
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TO BE COMPLETED BY TESTER

	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
INITIAL TEST Date: <u>2-20-18</u> Time: <u>9:00</u> a.m. / p.m.	Held at <u>PSID</u> <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at <u>PSID</u> <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Leaked	<input type="checkbox"/> Opened at <u>PSID</u> <input type="checkbox"/> Did Not Open <u>PSID</u>	<input type="checkbox"/> Opened at <u>PSID</u> <input type="checkbox"/> Did Not Open <u>PSID</u> Check Valve Held <u>PSID</u>
FINAL TEST Date: _____ Time: _____ a.m. / p.m.	Held at <u>PSID</u> <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at <u>PSID</u> <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened at <u>PSID</u> <input type="checkbox"/> Did Not Open <u>PSID</u>	<input type="checkbox"/> Opened at <u>PSID</u> <input type="checkbox"/> Did Not Open <u>PSID</u> Check Valve Held <u>PSID</u>
AIR GAP	Measured vertical inches above overflow rim:		Supply size diameter:	

COMMENTS:				
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TESTER INFORMATION - INITIAL TEST

<input type="checkbox"/> Passed <input checked="" type="checkbox"/> Failed	Tester Name (PRINT) <u>FRANCIS SAPIENZA</u>	Company <u>CMI MGT, INC.</u>	Phone <u>412 510-7753</u>
Testing Equipment Calibration Date <u>1-26-18</u>	Testing Equipment Serial Number <u>665788</u>	Certification Testing No. <u>ASSE #30207</u>	

The above report is certified to be true at the time of the test. Signature of tester: <u>Frank Sapienza</u>	Date: <u>2-20-18</u>
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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:		

**#2 SHUTOFF LEAKS,
RELIEF VALVE DRIPPING**

*** UNIT IS OLD - I RECOMMEND
REPLACEMENT**

50PSI
LINE
PRESSURE