

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



PENNSYLVANIA
AMERICAN WATER

LOCATION INFORMATION

| | |
|---|--|
| Account Number: | Premise Number: |
| Service for: | |
| Service Address 1: | |
| 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: RP2 | |
| Serial Number: W050373 | Size: 3/4" |
| MFG/Model No: WILKINS/2000 975XL | Water Meter No: 52259751 |

TO BE COMPLETED BY TESTER

| | CHECK VALVE #1 | CHECK VALVE #2 | PRESSURE DIFFERENTIAL RELIEF VALVE | AIR INLET |
|---|---|---|---|---|
| INITIAL TEST 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 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 CHM 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:

Frank A. Sapienza

Date:

2-20-18

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:

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

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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: | |
| Service Address 1: | |
| Service Address 2: | |
| 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 |

DEVICE INFORMATION

| | |
|---------------------------------|--------------------------|
| Type of Assembly: | Size: 2" |
| Serial Number: | Water Meter No: 52259751 |
| MFG/Model No: Wilkins/Zum 975XL | |

TO BE COMPLETED BY TESTER

| | CHECK VALVE #1 | CHECK VALVE #2 | PRESSURE DIFFERENTIAL RELIEF VALVE | AIR INLET |
|--|--|---|--|---|
| INITIAL TEST Date: 2-20-18 Time: 9:00 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 checked="" 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 |
| 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 type="checkbox"/> Passed <input checked="" 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>Francis Sapienza</i> | | | Date: 2-20-18 |

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: |

50 PSI
LINE
PRESSURE

#2 SHUTOFF LEAKS
RELIEF VALVE DRIPPING

* UNIT IS OLD - I RECOMMEND
REPLACEMENT