

PA 011-01 Brookville, PA

W.D. # 2459 ASSET # 7267

Backflow Prevention Device Test Form

MUST BE COMPLETED BY CERTIFIED BACKFLOW DEVICE TESTER



PENNSYLVANIA
AMERICAN WATER

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
Service Address 1: 20 SPRUCE ST. BROOKVILLE, PA 15825
Service Address 2:
Type of Service: ☒ Domestic ☐ Fire ☐ Irrigation Backflow Device Location: ☒ Isolation ☐ Containment

DEVICE INFORMATION

Type of Assembly: RPZ
Serial Number: B125556 Size: 1"
MFG/Model No: WILKINS/ZURN #375XL Water Meter No: 80412676

TO BE COMPLETED BY TESTER

	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
INITIAL TEST Date: 2-6-13 Time: 3:00 a.m. / p.m.	Held at 9.0 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at 9.2 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Opened at 2.5 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

☒ Passed ☐ Failed Tester Name: FRANCIS SAPIENZA Company: CMH UGT, INC Phone: 412 510.7753
Testing Equipment Calibration Date: 1-26-13 Testing Equipment Serial Number: 665789 Certification Testing No: ASSE # 30207
The above report is certified to be true at the time of the test. Signature of tester: Date: 2-6-13

TESTER INFORMATION - FINAL TEST

☐ Passed ☐ 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: