

PA 020-01 Dubois, PA
W.O. # 2532 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: USARMY BASE
Service Address 1: Dubois, PA
Service Address 2:
Type of Service: ☒ Domestic ☐ Fire ☐ Irrigation Backflow Device Location: Boiler Room ☒ Isolation ☐ Containment

DEVICE INFORMATION

Type of Assembly: WILKINS/ZURN RP2
Serial Number: 1133556 Size: 3/4"
MFG/Model No: 975XL Water Meter No: 62169906

TO BE COMPLETED BY TESTER

	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
INITIAL TEST Date: 2-22-18 Time: 10:45 a.m. / p.m.	Held at 10.0 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at 4.6 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 (PRINT) Francis Sapiano Company CHIMBT, INC Phone 412 510-7753
Testing Equipment Calibration Date 1-26-18 Testing Equipment Serial Number 665788 Certification Testing No ASSE30207

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

☐ 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:

35 PSI LINE PRESSURE