

PA 090-01 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: <b>U.S. ARMY BASE</b>	Service Address 1: <b>Dubois, PA</b>			
Service Address 2:				
Type of Service: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation	Backflow Device Location: <b>Boiler Room</b> <input checked="" type="checkbox"/> Isolation <input type="checkbox"/> Containment			
DEVICE INFORMATION				
Type of Assembly: <b>Wilkins 12urn RP2</b>				
Serial Number: <b>1133556</b>	Size: <b>3/4"</b>			
MFG/Model No: <b>975XL</b>	Water Meter No: <b>62169906</b>			
TO BE COMPLETED BY TESTER				
	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
INITIAL TEST Date: <b>2-22-18</b> Time: <b>10:15</b> a.m. / p.m.	Held at <b>10.0</b> PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at <b>406</b> PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Opened at <b>305</b> 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) <b>Francis Sapienza</b> Company <b>CMI MGT, INC</b>		Phone <b>412 510-7753</b>	
Testing Equipment Calibration Date <b>1-26-18</b>		Testing Equipment Serial Number <b>665788</b>		Certification Testing No. <b>ASSE 30207</b>
The above report is certified to be true at the time of the test. Signature of tester: <b>John A. Sapienza</b>			Date: <b>2-22-18</b>	
TESTER INFORMATION - FINAL TEST				
<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Tester Name (PRINT)		Company	
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**