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BACKFLOW PREVENTION DEVICE TEST AND MAINTENANCE REPORT

| Proper | ty Owner | | | | | |
|--|---|---|---|--|--|--|
| Proper | ty Owner's Address | | | | | |
| • | ty Owner Phone Number | | | | | |
| | ant/Business Name | | | | | |
| • | e/Physical Address | | | | | |
| | on of Backflow Device | | | | | |
| | | | Davies Cariel Number | | | |
| Device Manufacturer | | | Device Serial Number | | | |
| Device Model | | | Device Size | | | |
| ВАСК | FLOW PREVENTION D | EVICE CHECKLIST | | | | |
| WATER MAIN CONNECTION OUTSIDE □ Connection to the water main is after the water meter. □ Connection to the water main is made with approved fittings. □ Connection, piping and valve are 6" below the frost line or the valve box extends to 6" below the frost line. □ There should be no fittings between the shut off valve and the backflow prevention device. □ Exceptions: lockable shut off valves and unions. □ The backflow prevention device is mounted or supported. □ The backflow prevention device is connected with unions, so it can be removed to prevent it from freezing. □ Exception: Wilkins 375, the backflow device is removable from the housing or frame. □ Check for leaks. | | | | | | |
| VVAIL | ER MAIN CONNECTION INSIDE Connection to the main water supply is made with approved fittings. | | | | | |
| | An approved shut off valve is installed. | | | | | |
| | rr J | | | | | |
| | must be CPVC pipe. PVC pipe is only allowed in an unfinished mechanical room. There should be no fittings between the shut off valve and the backflow prevention device. | | | | | |
| | Exceptions: lockable shut off valves and unions. | | | | | |
| | The pipe is sealed where | it exits the dwelling. device is mounted or supported. | | | | |
| | | | can be removed to prevent it from freezing. | | | |
| | | s 375, the backflow device is remova | | | | |
| | If a Reduced Pressure Bac Check for leaks. | ckflow Device is sued, there needs to | be a floor drain. | | | |
| BACKI | FLOW PREVENTION DEV | TCES | | | | |
| | Lawn irrigation systems are considered high hazard, therefore, only Reduced Pressure Principle or Pressure Vacuum Breaker Devices are permitted. | | | | | |
| | | w prevention device is appropriate fo | r its application. (Attach Photos.) | | | |

PTMA Backflow Prevention Device Test and Maintenance Report (Cont.)

The following section is to be completed by a CERTIFIED Tester:

| Is the device installed in accordance with manufacturer recommendations and/or local codes? | | | | | | | | | |
|---|---|------------------------|-------------------------------------|----------------|--------------|--|--|--|--|
| Property Type: | Residential | | Commercial | | | | | | |
| Type of Device: | Reduced Pressure Principle | | Reduced Pressure Principle Detector | | | | | | |
| | Double Check Valve Double C | | | eck Detector | | | | | |
| | Pressure Vacuum Breaker Spill-Resistant Pressure Vacuum Breaker | | | | | | | | |
| | REDUCED PRESSURE BACKFL | | W DEVICE PRESSURE VACUUM BREAKER | | | | | | |
| | DOUBLE-CI | HECK VALVE | RELIEF VAVLE | AIR INLET | CHECK VAVLE | | | | |
| | 1 st Check | 2 nd Check | | | | | | | |
| INITIAL TEST | Held atpsid | Held atpsid | Opened at psid | Opened at psid | Held at psid | | | | |
| INTIAL ILSI | Closed Tight Leaked | Closed Tight Leaked | Did not open | Did not open | | | | | |
| TEST | Held atpsid | Held atpsid | | | | | | | |
| AFTER REPAIRS | Closed Tight Leaked | Closed Tight Leaked | Opened at psid | Opened at psid | Held at psid | | | | |
| REPAIRS AND MATERIALS USED | | | | | | | | | |
| Test gauge used: Make/Model: SN: Calibration Date: Remarks: I certify that all the information contained on this report is true at the time of testing. I also certify the backflow prevention device listed above has been tested and maintained as required by the Pennsylvania Department of Environmental Protection regulations and the Penn Township Municipal Authority rules and regulations and is certified to be operating within acceptable parameters. | | | | | | | | | |
| Certified Tester - Company Name | | | | | | | | | |
| Certified Tester - Company Address | | | | | | | | | |
| Certified Tester - Technician Name Certification Number | | | | | | | | | |
| Certified Tester - Phone Number Date Tested | | | | | | | | | |
| Certified Tester - Technician Signature | | | | | | | | | |