

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE RECORD		CITY OF PHILADELPHIA PHILADELPHIA WATER DEPARTMENT	
THIS FORM (79-770) MUST BE COMPLETED BY A CITY CERTIFIED TECHNICIAN			
I. GENERAL INFORMATION		ORIENTATION	ACCOUNT OR METER #
NAME OF FACILITY <i>Spring Therapy</i>	ADDRESS <i>1000 vine st Phila Pa</i>	ZIP <i>19102</i>	
CONTACT PERSON AT FACILITY <i>Bob Kross</i>	TITLE <i>Chief Engineer</i>	TELEPHONE NO. <i>215-510-3482</i>	
LOCATION OF ASSEMBLY <i>Fire pump Room</i>	DATE OF INSTALLATION <i>NA</i>	INCOMING LINE PRESSURE <i>40 PS</i>	
MANUFACTURER <i>WATTS</i>	MODEL <i>909 RP</i>	SERIAL NUMBER <i>192 634</i>	SIZE <i>4"</i> <input checked="" type="checkbox"/> DS <input type="checkbox"/> FS <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV
II. TEST INSTRUMENT CALIBRATION INFORMATION			
TYPE OF INSTRUMENT <i>WATTS</i>	MODEL <i>TK9A</i>	SERIAL NUMBER <i>030552</i>	PURCHASE DATE <i>NA</i>
CALIBRATED BY <i>TRI state</i>	TELEPHONE NO. <i>610-476-1793</i>		
REGISTRATION NO. <i>001543</i>	CALIBRATED ON <i>6/5/24</i>	NEXT CALIBRATION DUE <i>6/5/25</i>	
III. TESTS & REPAIRS INFORMATION			
INITIAL TEST	CHECK VALVE NUMBER 1	CHECK VALVE NUMBER 2	DIFFERENTIAL PRESSURE RELIEF VALVE
	<input type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS THE FIRST CHECK VALVE IS : <i>8.2</i> PSID	<input type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS THE SECOND CHECK VALVE IS : <i>4.9</i> PSID	<input checked="" type="checkbox"/> OPEN AT <i>2.8</i> PSID <input type="checkbox"/> DID NOT OPEN
* REPAIRS	<input type="checkbox"/> CLEANED REPAIRED: <input type="checkbox"/> RUBBER <input type="checkbox"/> SPRING <input type="checkbox"/> PARTS KIT <input type="checkbox"/> STEM / <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> GUIDE <input type="checkbox"/> DISC <input type="checkbox"/> RETAINER <input type="checkbox"/> O - RINGS <input type="checkbox"/> LOCKNUTS <input type="checkbox"/> SEAT <input type="checkbox"/> OTHER:	<input type="checkbox"/> CLEANED REPAIRED: <input type="checkbox"/> RUBBER <input type="checkbox"/> SPRING <input type="checkbox"/> PARTS KIT <input type="checkbox"/> STEM / <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> GUIDE <input type="checkbox"/> DISC <input type="checkbox"/> RETAINER <input type="checkbox"/> O - RINGS <input type="checkbox"/> LOCKNUTS <input type="checkbox"/> SEAT <input type="checkbox"/> OTHER:	<input type="checkbox"/> CLEANED REPAIRED: <input type="checkbox"/> RUBBER <input type="checkbox"/> SPRING <input type="checkbox"/> PARTS KIT <input type="checkbox"/> STEM / <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> GUIDE <input type="checkbox"/> DISC <input type="checkbox"/> RETAINER <input type="checkbox"/> O - RINGS <input type="checkbox"/> LOCKNUTS <input type="checkbox"/> SEAT <input type="checkbox"/> OTHER:
	FINAL TEST	<input type="checkbox"/> CLOSED TIGHT AT _____ PSID	<input type="checkbox"/> CLOSED TIGHT AT _____ PSID <input type="checkbox"/> OPENED AT _____ PSID
CONDITION OF NO. 2 CONTROL VALVE : <input checked="" type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED			
REMARKS : <input type="checkbox"/> ASSEMBLY FAILED <input checked="" type="checkbox"/> ASSEMBLY PASSED <input type="checkbox"/> CUSTOMER INFORMED			
*NOTE : ALL REPAIRS / REPLACEMENTS MUST BE COMPLETED WITHIN FOURTEEN (14) DAYS			
IV. APPROVALS			
* I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY			
NAME OF CERTIFIED BACKFLOW PREVENTION ASSEMBLY TECHNICIAN (PRINT) <i>GARY KEEGAN</i>		BUSINESS TELEPHONE NO. <i>267-968-9776</i>	WITNESS TO ASSEMBLY TEST <i>Bob Kross</i>
INITIAL TEST	SIGNATURE OF INITIAL CERT. BACKFLOW PREV. ASSEMBLY TECH. <i>Gary Keegan</i>	CERTIFIED TECH. NO. <i>B26447</i>	DATE <i>6/12/24</i>
REPAIRS	SIGNATURE OF REPAIRER	CERTIFIED TECH. NO.	DATE
FINAL TEST	SIGNATURE OF FINAL CERT. BACKFLOW PREV. ASSEMBLY TECH. <i>Gary Keegan</i>	CERTIFIED TECH. NO. <i>B26447</i>	DATE <i>6/12/24</i>
	SIGNATURE OF LICENSED TECHNICIAN <i>Gary Keegan</i>	CERTIFIED TECH. NO. <i>BRMP</i>	DATE <i>6/12/24</i>
SEND COMPLETED FORMS TO: PWD INDUSTRIAL WASTE & BACKFLOW COMPLIANCE 9001 STATE ROAD PHILADELPHIA, PA 19136 TELE: (215) 685-8068 FAX: (215) 333-9453 E-mail: CCC.BLS@PHILA.GOV			

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE RECORD		CITY OF PHILADELPHIA PHILADELPHIA WATER DEPARTMENT	
THIS FORM (79-770) MUST BE COMPLETED BY A CITY CERTIFIED TECHNICIAN			
I. GENERAL INFORMATION		ORIENTATION	ACCOUNT OR METER #
NAME OF FACILITY Philgard's and Science	ADDRESS 1197 Haworth St Philadelphia Pa	ZIP 19124	
CONTACT PERSON AT FACILITY Carl Pharo Jr	TITLE Chief Engineer	TELEPHONE NO. 267-560-2999	
LOCATION OF ASSEMBLY Basement Mech Room	DATE OF INSTALLATION NA	INCOMING LINE PRESSURE 55 PSI	
MANUFACTURER Wilkins	MODEL 975	SERIAL NUMBER B16504	SIZE 4" <input checked="" type="checkbox"/> DS <input type="checkbox"/> FS <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV
II. TEST INSTRUMENT CALIBRATION INFORMATION			
TYPE OF INSTRUMENT WATS	MODEL TK91A	SERIAL NUMBER 030552	PURCHASE DATE NA
CALIBRATED BY In State Backflow	TELEPHONE NO. 610-476-1793		
REGISTRATION NO. 001543	CALIBRATED ON 6/5/24	NEXT CALIBRATION DUE 6/5/25	
III. TESTS & REPAIRS INFORMATION			
INITIAL TEST	CHECK VALVE NUMBER 1	CHECK VALVE NUMBER 2	DIFFERENTIAL PRESSURE RELIEF VALVE
	<input type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS THE FIRST CHECK VALVE IS: 9.8 PSID	<input type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS THE SECOND CHECK VALVE IS: 7.1 PSID	<input checked="" type="checkbox"/> OPEN AT 2.2 PSID <input type="checkbox"/> DID NOT OPEN
	<input type="checkbox"/> CLEANED REPAIRED: <input type="checkbox"/> RUBBER <input type="checkbox"/> SPRING PARTS KIT <input type="checkbox"/> STEM / <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> GUIDE <input type="checkbox"/> DISC <input type="checkbox"/> RETAINER <input type="checkbox"/> O - RINGS <input type="checkbox"/> LOCKNUTS <input type="checkbox"/> SEAT <input type="checkbox"/> OTHER:	<input type="checkbox"/> CLEANED REPAIRED: <input type="checkbox"/> RUBBER <input type="checkbox"/> SPRING PARTS KIT <input type="checkbox"/> STEM / <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> GUIDE <input type="checkbox"/> DISC <input type="checkbox"/> RETAINER <input type="checkbox"/> O - RINGS <input type="checkbox"/> LOCKNUTS <input type="checkbox"/> SEAT <input type="checkbox"/> OTHER:	<input type="checkbox"/> CLEANED REPAIRED: <input type="checkbox"/> RUBBER <input type="checkbox"/> SPRING PARTS KIT <input type="checkbox"/> STEM / <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> GUIDE <input type="checkbox"/> DISC <input type="checkbox"/> RETAINER <input type="checkbox"/> O - RINGS <input type="checkbox"/> LOCKNUTS <input type="checkbox"/> SEAT <input type="checkbox"/> OTHER:
FINAL TEST	<input type="checkbox"/> CLOSED TIGHT AT _____ PSID	<input type="checkbox"/> CLOSED TIGHT AT _____ PSID	<input type="checkbox"/> OPENED AT _____ PSID
CONDITION OF NO. 2 CONTROL VALVE: <input checked="" type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED			
REMARKS: <input type="checkbox"/> ASSEMBLY FAILED <input checked="" type="checkbox"/> ASSEMBLY PASSED <input type="checkbox"/> CUSTOMER INFORMED			
*NOTE: ALL REPAIRS / REPLACEMENTS MUST BE COMPLETED WITHIN FOURTEEN (14) DAYS			
IV. APPROVALS			
* I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY			
NAME OF CERTIFIED BACKFLOW PREVENTION ASSEMBLY TECHNICIAN (PRINT) Gary Keegan		BUSINESS TELEPHONE NO. 267-968-9776	WITNESS TO ASSEMBLY TEST Carl Pharo
INITIAL TEST	SIGNATURE OF INITIAL CERT. BACKFLOW PREV. ASSEMBLY TECH. Gary Keegan	CERTIFIED TECH. NO. B26447	DATE 6/13/24
REPAIRS	SIGNATURE OF REPAIRER	CERTIFIED TECH. NO.	DATE
FINAL TEST	SIGNATURE OF FINAL CERT. BACKFLOW PREV. ASSEMBLY TECH. Gary Keegan	CERTIFIED TECH. NO. B26447	DATE 6/13/24
	SIGNATURE OF LICENSED TECHNICIAN Gary Keegan BRMP	CERTIFIED TECH. NO. B26447	DATE 6/13/24
SEND COMPLETED FORMS TO: PWD INDUSTRIAL WASTE & BACKFLOW COMPLIANCE 9001 STATE ROAD PHILADELPHIA, PA 19136 TELE: (215) 685-8068 FAX: (215) 333-9453 E-mail: CCC.BLS@PHILA.GOV			

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THIS FORM (79-770) MUST BE COMPLETED BY A CITY CERTIFIED TECHNICIAN			
I. GENERAL INFORMATION		ORIENTATION	ACCOUNT OR METER #
NAME OF FACILITY <i>Stringerway</i>	ADDRESS <i>1600 vine st Phila Pa</i>	ZIP <i>19102</i>	
CONTACT PERSON AT FACILITY <i>Bob Cross</i>	TITLE <i>Chief Engineer</i>	TELEPHONE NO. <i>215-510-3462</i>	
LOCATION OF ASSEMBLY <i>Fire pump Room</i>	DATE OF INSTALLATION <i>N/A</i>	INCOMING LINE PRESSURE <i>40 PSID</i>	
MANUFACTURER <i>WATTS</i>	MODEL <i>909 RP</i>	SERIAL NUMBER <i>192581</i>	SIZE <i>4"</i> <input checked="" type="checkbox"/> DS <input type="checkbox"/> FS <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV
II. TEST INSTRUMENT CALIBRATION INFORMATION			
TYPE OF INSTRUMENT <i>WATTS</i>	MODEL <i>TK9A</i>	SERIAL NUMBER <i>030562</i>	PURCHASE DATE <i>N/A</i>
CALIBRATED BY <i>Tri State Backflow</i>	TELEPHONE NO. <i>610-476-1793</i>		
REGISTRATION NO. <i>001543</i>	CALIBRATED ON <i>6/5/24</i>	NEXT CALIBRATION DUE <i>6/5/25</i>	
III. TESTS & REPAIRS INFORMATION			
INITIAL TEST	CHECK VALVE NUMBER 1	CHECK VALVE NUMBER 2	DIFFERENTIAL PRESSURE RELIEF VALVE
	<input type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS THE FIRST CHECK VALVE IS : <i>5.7</i> PSID	<input type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS THE SECOND CHECK VALVE IS : <i>3.2</i> PSID	<input checked="" type="checkbox"/> OPEN AT <i>2.6</i> PSID <input type="checkbox"/> DID NOT OPEN
* REPAIRS	<input type="checkbox"/> CLEANED REPAIRED: <input type="checkbox"/> RUBBER <input type="checkbox"/> SPRING <input type="checkbox"/> PARTS KIT <input type="checkbox"/> STEM / GUIDE <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> O - RINGS <input type="checkbox"/> DISC <input type="checkbox"/> RETAINER <input type="checkbox"/> SEAT <input type="checkbox"/> LOCKNUTS <input type="checkbox"/> OTHER:	<input type="checkbox"/> CLEANED REPAIRED: <input type="checkbox"/> RUBBER <input type="checkbox"/> SPRING <input type="checkbox"/> PARTS KIT <input type="checkbox"/> STEM / GUIDE <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> O - RINGS <input type="checkbox"/> DISC <input type="checkbox"/> RETAINER <input type="checkbox"/> SEAT <input type="checkbox"/> LOCKNUTS <input type="checkbox"/> OTHER:	<input type="checkbox"/> CLEANED REPAIRED: <input type="checkbox"/> RUBBER <input type="checkbox"/> SPRING <input type="checkbox"/> PARTS KIT <input type="checkbox"/> STEM / GUIDE <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> O - RINGS <input type="checkbox"/> DISC <input type="checkbox"/> RETAINER <input type="checkbox"/> SEAT <input type="checkbox"/> LOCKNUTS <input type="checkbox"/> OTHER:
FINAL TEST	<input type="checkbox"/> CLOSED TIGHT AT _____ PSID	<input type="checkbox"/> CLOSED TIGHT AT _____ PSID	<input type="checkbox"/> OPENED AT _____ PSID
CONDITION OF NO. 2 CONTROL VALVE : <input checked="" type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED			
REMARKS : <input type="checkbox"/> ASSEMBLY FAILED <input checked="" type="checkbox"/> ASSEMBLY PASSED <input type="checkbox"/> CUSTOMER INFORMED			
*NOTE : ALL REPAIRS / REPLACEMENTS MUST BE COMPLETED WITHIN FOURTEEN (14) DAYS			
IV. APPROVALS			
* I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY			
NAME OF CERTIFIED BACKFLOW PREVENTION ASSEMBLY TECHNICIAN (PRINT) <i>Gary Wilson</i>		BUSINESS TELEPHONE NO. <i>267-968-9776</i>	WITNESS TO ASSEMBLY TEST <i>Bob Cross</i>
INITIAL TEST	SIGNATURE OF INITIAL CERT. BACKFLOW PREV. ASSEMBLY TECH. <i>Gary Wilson</i>	CERTIFIED TECH. NO. <i>B26447</i>	DATE <i>6/12/24</i>
REPAIRS	SIGNATURE OF REPAIRER	CERTIFIED TECH. NO.	DATE
FINAL TEST	SIGNATURE OF FINAL CERT. BACKFLOW PREV. ASSEMBLY TECH. <i>Gary Wilson</i>	CERTIFIED TECH. NO. <i>B26447</i>	DATE <i>6/12/24</i>
	SIGNATURE OF LICENSED TECHNICIAN <i>Gary Wilson BRMP</i>	CERTIFIED TECH. NO. <i>B26447</i>	DATE <i>6/12/24</i>
SEND COMPLETED FORMS TO: PWD INDUSTRIAL WASTE & BACKFLOW COMPLIANCE 9001 STATE ROAD PHILADELPHIA, PA 19136 TELE: (215) 685-8068 FAX: (215) 333-9453 E-mail: CCC BLS@PHILA.GOV			

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE RECORD		CITY OF PHILADELPHIA PHILADELPHIA WATER DEPARTMENT	
THIS FORM (79-770) MUST BE COMPLETED BY A CITY CERTIFIED TECHNICIAN			
I. GENERAL INFORMATION		ORIENTATION	ACCOUNT OR METER #
NAME OF FACILITY PPAES	ADDRESS 2600 S. Broad St Phila Pa	ZIP 19145-4616	
CONTACT PERSON AT FACILITY Charlie Parker	TITLE Chief Engineer	TELEPHONE NO. 215-876-7568	
LOCATION OF ASSEMBLY Basement Mech Room	DATE OF INSTALLATION NA	INCOMING LINE PRESSURE 60 PSI	
MANUFACTURER WATTS	MODEL 909 RP	SERIAL NUMBER 197104	SIZE 4" <input checked="" type="checkbox"/> DS <input type="checkbox"/> FS <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV
II. TEST INSTRUMENT CALIBRATION INFORMATION			
TYPE OF INSTRUMENT Watts	MODEL TK9A	SERIAL NUMBER 030552	PURCHASE DATE NA
CALIBRATED BY TRI State		TELEPHONE NO. 610-476-1793	
REGISTRATION NO. 001543	CALIBRATED ON 6/5/24	NEXT CALIBRATION DUE 6/5/25	
III. TESTS & REPAIRS INFORMATION			
INITIAL TEST	CHECK VALVE NUMBER 1	CHECK VALVE NUMBER 2	DIFFERENTIAL PRESSURE RELIEF VALVE
	<input type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS THE FIRST CHECK VALVE IS : 6.1 PSID	<input type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS THE SECOND CHECK VALVE IS : 4.5 PSID	<input checked="" type="checkbox"/> OPEN AT 2.5 PSID <input type="checkbox"/> DID NOT OPEN
* REPAIRS	<input type="checkbox"/> CLEANED REPAIRED: <input type="checkbox"/> RUBBER <input type="checkbox"/> SPRING <input type="checkbox"/> PARTS KIT <input type="checkbox"/> STEM / <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> GUIDE <input type="checkbox"/> DISC <input type="checkbox"/> RETAINER <input type="checkbox"/> O - RINGS <input type="checkbox"/> LOCKNUTS <input type="checkbox"/> SEAT <input type="checkbox"/> OTHER:	<input type="checkbox"/> CLEANED REPAIRED: <input type="checkbox"/> RUBBER <input type="checkbox"/> SPRING <input type="checkbox"/> PARTS KIT <input type="checkbox"/> STEM / <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> GUIDE <input type="checkbox"/> DISC <input type="checkbox"/> RETAINER <input type="checkbox"/> O - RINGS <input type="checkbox"/> LOCKNUTS <input type="checkbox"/> SEAT <input type="checkbox"/> OTHER:	<input type="checkbox"/> CLEANED REPAIRED: <input type="checkbox"/> RUBBER <input type="checkbox"/> SPRING <input type="checkbox"/> PARTS KIT <input type="checkbox"/> STEM / <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> GUIDE <input type="checkbox"/> DISC <input type="checkbox"/> RETAINER <input type="checkbox"/> O - RINGS <input type="checkbox"/> LOCKNUTS <input type="checkbox"/> SEAT <input type="checkbox"/> OTHER:
	FINAL TEST	<input type="checkbox"/> CLOSED TIGHT AT _____ PSID	<input type="checkbox"/> CLOSED TIGHT AT _____ PSID
CONDITION OF NO. 2 CONTROL VALVE : <input checked="" type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED			
REMARKS : <input type="checkbox"/> ASSEMBLY FAILED <input checked="" type="checkbox"/> ASSEMBLY PASSED <input type="checkbox"/> CUSTOMER INFORMED			
*NOTE : ALL REPAIRS / REPLACEMENTS MUST BE COMPLETED WITHIN FOURTEEN (14) DAYS			
IV. APPROVALS			
* I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY			
NAME OF CERTIFIED BACKFLOW PREVENTION ASSEMBLY TECHNICIAN (PRINT) Gary Keegan		BUSINESS TELEPHONE NO. 267-968-9776	WITNESS TO ASSEMBLY TEST Charlie Parker
INITIAL TEST	SIGNATURE OF INITIAL CERT. BACKFLOW PREV. ASSEMBLY TECH. Gary Keegan	CERTIFIED TECH. NO. B26447	DATE 6/12/24
REPAIRS	SIGNATURE OF REPAIRER	CERTIFIED TECH. NO.	DATE
FINAL TEST	SIGNATURE OF FINAL CERT. BACKFLOW PREV. ASSEMBLY TECH. Gary Keegan	CERTIFIED TECH. NO. B26447	DATE 6/12/24
	SIGNATURE OF LICENSED TECHNICIAN B26447	CERTIFIED TECH. NO. B26447	DATE 6/12/24

SEND COMPLETED FORMS TO:
 PWD INDUSTRIAL WASTE &
 BACKFLOW COMPLIANCE
 9001 STATE ROAD
 PHILADELPHIA, PA 19136
 TELE: (215) 685-8068
 FAX: (215) 333-9453
 E-mail: CCC.BLS@PHILA.GOV

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE RECORD

CITY OF PHILADELPHIA
PHILADELPHIA WATER DEPARTMENT

THIS FORM (79-770) MUST BE COMPLETED BY A CITY CERTIFIED TECHNICIAN

I. GENERAL INFORMATION		ORIENTATION	ACCOUNT OR METER #
NAME OF FACILITY <i>PPacs East</i>	ADDRESS <i>2407 Broad St Phila Pa</i>	ZIP <i>19145</i>	
CONTACT PERSON AT FACILITY <i>Jimmy Parker</i>	TITLE <i>Chief Engineer</i>	TELEPHONE NO. <i>267-368-1984</i>	
LOCATION OF ASSEMBLY <i>Fire Pump Room Basement</i>	DATE OF INSTALLATION	INCOMING LINE PRESSURE <i>60 PSI</i>	
MANUFACTURER <i>WATS</i>	MODEL <i>LF901</i>	SERIAL NUMBER <i>013422</i>	SIZE <i>3"</i> <input checked="" type="checkbox"/> DS <input type="checkbox"/> FS <input type="checkbox"/> RPZ <input type="checkbox"/> DCV

II. TEST INSTRUMENT CALIBRATION INFORMATION			
TYPE OF INSTRUMENT <i>WATS</i>	MODEL <i>TK9A</i>	SERIAL NUMBER <i>030552</i>	PURCHASE DATE <i>NA</i>
CALIBRATED BY <i>IRE State</i>	TELEPHONE NO. <i>610-476-1793</i>		
REGISTRATION NO. <i>001543</i>	CALIBRATED ON <i>6/5/24</i>	NEXT CALIBRATION DUE <i>6/5/25</i>	

III. TESTS & REPAIRS INFORMATION			
INITIAL TEST	CHECK VALVE NUMBER 1	CHECK VALVE NUMBER 2	DIFFERENTIAL PRESSURE RELIEF VALVE
	<input type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS THE FIRST CHECK VALVE IS: <i>8.2</i> PSID	<input type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS THE SECOND CHECK VALVE IS: <i>5.2</i> PSID	<input checked="" type="checkbox"/> OPEN AT <i>3.0</i> PSID <input type="checkbox"/> DID NOT OPEN
* REPAIRS	<input type="checkbox"/> CLEANED REPAIRED: <input type="checkbox"/> RUBBER <input type="checkbox"/> SPRING <input type="checkbox"/> PARTS KIT <input type="checkbox"/> STEM / GUIDE <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> RETAINER <input type="checkbox"/> DISC <input type="checkbox"/> LOCKNUTS <input type="checkbox"/> O - RINGS <input type="checkbox"/> SEAT <input type="checkbox"/> OTHER:	<input type="checkbox"/> CLEANED REPAIRED: <input type="checkbox"/> RUBBER <input type="checkbox"/> SPRING <input type="checkbox"/> PARTS KIT <input type="checkbox"/> STEM / GUIDE <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> RETAINER <input type="checkbox"/> DISC <input type="checkbox"/> LOCKNUTS <input type="checkbox"/> O - RINGS <input type="checkbox"/> SEAT <input type="checkbox"/> OTHER:	<input type="checkbox"/> CLEANED REPAIRED: <input type="checkbox"/> RUBBER <input type="checkbox"/> SPRING <input type="checkbox"/> PARTS KIT <input type="checkbox"/> STEM / GUIDE <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> RETAINER <input type="checkbox"/> DISC <input type="checkbox"/> LOCKNUTS <input type="checkbox"/> O - RINGS <input type="checkbox"/> SEAT <input type="checkbox"/> OTHER:
	FINAL TEST	<input type="checkbox"/> CLOSED TIGHT AT _____ PSID	<input type="checkbox"/> CLOSED TIGHT AT _____ PSID

CONDITION OF NO. 2 CONTROL VALVE : CLOSED TIGHT LEAKED

REMARKS : ASSEMBLY FAILED ASSEMBLY PASSED CUSTOMER INFORMED

*NOTE : ALL REPAIRS / REPLACEMENTS MUST BE COMPLETED WITHIN FOURTEEN (14) DAYS

IV. APPROVALS

* I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY

NAME OF CERTIFIED BACKFLOW PREVENTION ASSEMBLY TECHNICIAN (PRINT) <i>Sam Keegan</i>		BUSINESS TELEPHONE NO. <i>267-968-9776</i>	WITNESS TO ASSEMBLY TEST <i>Jimmy Parker</i>
INITIAL TEST	SIGNATURE OF INITIAL CERT. BACKFLOW PREV. ASSEMBLY TECH. <i>Sam Keegan</i>	CERTIFIED TECH. NO. <i>B26447</i>	DATE <i>6/12/24</i>
REPAIRS	SIGNATURE OF REPAIRER <i>Sam Keegan</i>	CERTIFIED TECH. NO.	DATE
FINAL TEST	SIGNATURE OF FINAL CERT. BACKFLOW PREV. ASSEMBLY TECH. <i>Sam Keegan</i>	CERTIFIED TECH. NO. <i>B26447</i>	DATE <i>6/12/24</i>
	SIGNATURE OF LICENSED TECHNICIAN <i>Sam Keegan</i>	CERTIFIED TECH. NO. <i>B26447</i>	DATE <i>6/12/24</i>

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