

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>Philgard's ml. science</i>		ADDRESS <i>1147 Hawthorn St Phila Pa</i>			ZIP <i>19124</i>		
CONTACT PERSON AT FACILITY <i>Carl Pharo Jr</i>		TITLE <i>Chief Engineer</i>		TELEPHONE NO <i>267-560-2499</i>			
LOCATION OF ASSEMBLY <i>Basement Mech Room</i>		DATE OF INSTALLATION <i>NA</i>		INCOMING LINE PRESSURE <i>55 PSI</i>			
MANUFACTURER <i>Wilkins</i>		MODEL <i>975</i>		SERIAL NUMBER <i>B16504</i>		SIZE <i>4"</i> ☒ DS ☐ FS ☒ RPZ ☐ 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 BackFlow</i>				TELEPHONE NO <i>610-476-1793</i>			
REGISTRATION NO <i>0015613</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		
	☐ LEAKED ☒ CLOSED TIGHT PRESSURE DROP ACROSS THE FIRST CHECK VALVE IS: <i>9.8</i> PSID		☐ LEAKED ☒ CLOSED TIGHT PRESSURE DROP ACROSS THE SECOND CHECK VALVE IS: <i>7.1</i> PSID		☒ OPEN AT <i>22</i> PSID ☐ DID NOT OPEN		
REPAIRS	☐ CLEANED REPAIRED: ☐ RUBBER ☐ SPRING ☐ PARTS KIT ☐ STEM / ☐ CV ASSEMBLY ☐ GUIDE ☐ DISC ☐ RETAINER ☐ O - RINGS ☐ LOCKNUTS ☐ SEAT ☐ OTHER:		☐ CLEANED REPAIRED: ☐ RUBBER ☐ SPRING ☐ PARTS KIT ☐ STEM / ☐ CV ASSEMBLY ☐ GUIDE ☐ DISC ☐ RETAINER ☐ O - RINGS ☐ LOCKNUTS ☐ SEAT ☐ OTHER:		☐ CLEANED REPAIRED: ☐ RUBBER ☐ SPRING ☐ PARTS KIT ☐ STEM / ☐ CV ASSEMBLY ☐ GUIDE ☐ DISC ☐ RETAINER ☐ O - RINGS ☐ LOCKNUTS ☐ SEAT ☐ OTHER:		
	☐ CLOSED TIGHT AT _____ PSID		☐ CLOSED TIGHT AT _____ PSID		☐ OPENED 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>Gary Kuehn</i>				BUSINESS TELEPHONE NO <i>267-968-4776</i>		WITNESS TO ASSEMBLY TEST <i>Carl Pharo</i>	
INITIAL TEST	SIGNATURE OF INITIAL CERT. BACKFLOW PREV. ASSEMBLY TECH. <i>Gary Kuehn</i>		CERTIFIED TECH. NO <i>B26447</i>		DATE <i>6/13/24</i>		TELEPHONE NO OF WITNESS <i>267-560-2499</i>
REPAIRS	SIGNATURE OF REPAIRER		CERTIFIED TECH. NO		DATE		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
FINAL TEST	SIGNATURE OF FINAL CERT. BACKFLOW PREV. ASSEMBLY TECH. <i>Gary Kuehn</i>		CERTIFIED TECH. NO <i>B26447</i>		DATE <i>6/13/24</i>		
	SIGNATURE OF LICENSED TECHNICIAN <i>Gary Kuehn BRMP</i>		CERTIFIED TECH. NO <i>B26447</i>		DATE <i>6/13/24</i>		