

PA 050-01 INDIANA, PA
W.D. # 2322 ASSET # 7174

* BACKFLOW DEVICE DOESN'T EXIST

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: _____
Service Address 1: _____
Service Address 2: _____
Type of Service: ☐ Domestic ☐ Fire ☐ Irrigation Backflow Device Location: ☐ Isolation ☐ Containment

DEVICE INFORMATION

Type of Assembly: _____
Serial Number: _____ Size: _____
MFG/Model No: _____ Water Meter No: _____

TO BE COMPLETED BY TESTER

| | CHECK VALVE #1 | CHECK VALVE #2 | PRESSURE DIFFERENTIAL RELIEF VALVE | AIR INLET |
|---|--|--|--|---|
| INITIAL 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 |
| 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 **FRANCIS SAPIENZA** Company **CMZ MGT, INC** Phone **412 510 7753**
Testing Equipment Calibration Date **1-28-18** Testing Equipment Serial Number **265798** Certification Testing No. **ASSE#30207**
The above report is certified to be true at the time of the test. Signature of tester: **Paul A. Lake** Date: **1-31-18**

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: _____

* UNIT DOES NOT EXIST