

PA 096-01 Washington, PA

W.D. # 2355 ASSET # 7225

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: <input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation | Backflow Device Location: <input type="checkbox"/> Isolation <input type="checkbox"/> 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

| | | | |
|--|---------------------|---------------------------------|---------------------------|
| <input type="checkbox"/> Passed <input type="checkbox"/> 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: 2-20-18 |

TESTER INFORMATION - FINAL TEST

| | | | |
|--|---------------------|---------------------------------|---------------------------|
| <input type="checkbox"/> Passed <input type="checkbox"/> 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

PA 096-01 WKSINGTON, PA

W.D.# 2355 ASSET# 7250

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Date:

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