

PA 013-01 BUTLER, PA

360 EVANS CITY ROAD

W.O. #2396 ASSET #7170

*UNIT DOES NOT 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: <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 _____ <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at _____ <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened at _____ <input type="checkbox"/> Did Not Open _____	<input type="checkbox"/> Opened at _____ <input type="checkbox"/> Did Not Open _____ Check Valve Held _____
FINAL TEST Date: _____ Time: _____ a.m. / p.m.	Held at _____ <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at _____ <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened at _____ <input type="checkbox"/> Did Not Open _____	<input type="checkbox"/> Opened at _____ <input type="checkbox"/> Did Not Open _____ Check Valve Held _____
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
Testing Equipment Calibration Date		Testing Equipment Serial Number
The above report is certified to be true at the time of the test. Signature of tester:		Date:
TESTER INFORMATION – FINAL TEST		
<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Tester Name (PRINT)	Company
Testing Equipment Calibration Date		Testing Equipment Serial Number
The above report is certified to be true at the time of the test. Signature of tester:		Date:

PA 013-01 BUTLER, PA 360 EVANS CITY ROAD
W.O. #2396 ASSET #7171

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LOCATION INFORMATION

Account Number:	Premise Number:
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Service for:	
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Service Address 1:	
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Service Address 2:	
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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
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DEVICE INFORMATION

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