PA 067-01   NEW KENSINGTON, PA
W.O. #2403   ASSET # 7178

 # 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

PENNSYLVANIA AMERICAN WATER

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 ☐ Closed Tight ☐ Leaked	Held at _____ PSID ☐ Closed Tight ☐ Leaked	☐ Opened at _____ PSID ☐ Did Not Open _____	☐ Opened at _____ PSID ☐ Did Not Open _____ Check Valve Held _____ PSID
FINAL TEST Date: _____ Time: _____ a.m. / p.m.	Held at _____ PSID ☐ Closed Tight ☐ Leaked	Held at _____ PSID ☐ Closed Tight ☐ Leaked	☐ Opened at _____ PSID ☐ Did Not Open _____	☐ Opened at _____ PSID ☐ 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 (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: _____

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: _____