


WV 053-01 JOE NURRE LANE WHEELING, WV

W.O. 2416 ASSET # 7205

~~UNIT DOES NOT EXIST~~

Backflow Prevention Device Test Form				 PENNSYLVANIA AMERICAN WATER	
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	
Testing Equipment Calibration Date		Testing Equipment Serial Number		Phone	
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		Phone	
The above report is certified to be true at the time of the test. Signature of tester:				Date:	

WV 053-01 JOE NURRE LANE WHEELING, WV

W.O. # 8416 ASSET # 7206

*UNIT DOES NOT EXIST

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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

<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:

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: