

PA 067-01 ST. MARY'S PA

W.O. # 9430

ASSET #7222

\* 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.co@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<br>Date: _____<br>Time: _____ a.m. / p.m. | Held at _____ PSID<br><input type="checkbox"/> Closed Tight<br><input type="checkbox"/> Leaked | Held at _____ PSID<br><input type="checkbox"/> Closed Tight<br><input type="checkbox"/> Leaked | <input type="checkbox"/> Opened at _____ PSID<br><input type="checkbox"/> Did Not Open _____ | <input type="checkbox"/> Opened at _____ PSID<br><input type="checkbox"/> Did Not Open _____<br>Check Valve Held _____ PSID |
| FINAL TEST<br>Date: _____<br>Time: _____ a.m. / p.m.   | Held at _____ PSID<br><input type="checkbox"/> Closed Tight<br><input type="checkbox"/> Leaked | Held at _____ PSID<br><input type="checkbox"/> Closed Tight<br><input type="checkbox"/> Leaked | <input type="checkbox"/> Opened at _____ PSID<br><input type="checkbox"/> Did Not Open _____ | <input type="checkbox"/> Opened at _____ PSID<br><input type="checkbox"/> Did Not Open _____<br>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:

PA 087-01

ST. MARY'S PA

W.O. # 2430

ASSET # 7268

~~UNIT DOES NOT EXIST~~

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#### LOCATION INFORMATION

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| Account Number: | Premise Number: |
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| Service for: |
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|--------------------|
| Service Address 1: |
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|                    |
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| 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: |
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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<br>RELIEF VALVE  | AIR INLET   |
|--|--|--|--|---|
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| FINAL TEST<br>Date: _____<br>Time: _____ a.m. / p.m.   | Held at _____ PSID<br><input type="checkbox"/> Closed Tight<br><input type="checkbox"/> Leaked | Held at _____ PSID<br><input type="checkbox"/> Closed Tight<br><input type="checkbox"/> Leaked | <input type="checkbox"/> Opened at _____ PSID<br><input type="checkbox"/> Did Not Open _____ | <input type="checkbox"/> Opened at _____ PSID<br><input type="checkbox"/> Did Not Open _____<br>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. |

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