

PA 087-02 ST. MARY'S PA  
W.D.# 2433 ASSET #7228

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