

RETURN THIS TEST FORM TO:

American Water VA/MD

E-mail: VA.MD.CCC@amwater.com Contact Phone: 703-447-3133
 Mail: Attention: Cross Connection Department –PO Box 60 Hopewell VA, 23860

Account No. :

Premise No.

LOCATION

DEVICE INFORMATION

INFORMATION Service For:

Type of Assembly:

Address 1:

Serial :

Size :

Address 2:

MFG/Model No

Type of Service: Domestic Fire Irrigation Water Meter No:

Location of device

Isolation

Containment

New Assembly Replaces Serial No: _____

TEST MEASUREMENTS

	DC		RP	PVB/SVB
	Check Valve #1	Check Valve #2	Pressure Diff. Relief Valve	Air Inlet
Initial Date: _____ Time: _____ Line pressure: _____	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> #2 Shut Off Valve Closed Tight? Yes <input type="checkbox"/> No <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/> Check Valve Held _____ PSID
Final Date: _____ Time: _____ Line pressure: _____	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> #2 Shut Off Valve Closed Tight? Yes <input type="checkbox"/> No <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/> Check Valve Held _____ PSID
AIR GAP	Measured vertical inches above overflow rim		Supply size diameter	

TESTER INFORMATION

INITIAL	Tester Name _____	Company _____
	Signature _____	Certified Tester No.: _____
	Testing Equipment Calibration Date: _____	PASS <input type="checkbox"/>
	Testing Equipment Serial Number: _____	FAIL <input type="checkbox"/>

BACKFLOW TEST FORM - TO BE COMPLETED BY A CERTIFIED TESTER

The above report is certified to be true at the time of the test