

RETURN THIS TEST FORM TO:

West Virginia American Water

Fax: 304-340-2071 **Contact Phone:** 304-340-2070 **Email:** wvccn@amwater.com

Mail: Cross Connection Department, West Virginia American Water, 1600 Pennsylvania Ave, Charleston, WV 25302

| | |
|--|---|
| Account No. | Premise No. |
| LOCATION INFORMATION | DEVICE INFORMATION |
| Service For: | Type of Assembly: |
| Address: | Serial: Size: |
| | MFG/Model No: |
| Type of Service: Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation <input type="checkbox"/> | Water Meter No. |
| Location of Device: After Meter | Isolation <input type="checkbox"/> Containment <input type="checkbox"/> |
| New Assembly <input type="checkbox"/> 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 _____

COMMENTS (including maintenance performed)

TESTER INFORMATION

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

Want to save a stamp? Send your completed form electronically to wvccn@amwater.com.

BACKFLOW TEST FORM - TO BE COMPLETED BY A QUALIFIED TESTER

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