

**RETURN THIS TEST FORM TO:**

**Indiana American Water**

Fax: 866-613-5879 Contact Phone: 866-612-2843 Email: inaw.ccc@amwater.com  
Mail: Attention: Cross Connection Department 555 E. County Line Rd. , Greenwood, IN 46143

|  |   |
|--|---|
| Account No.  | Premise No.   |
| <b>LOCATION INFORMATION</b>  | <b>DEVICE INFORMATION</b>   |
| Service For:   | Type of Assembly:   |
| Address:   | Serial : <span style="float:right">Size:</span>                         |
|  | MFG/Model No:   |
| Type of Service: Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation <input type="checkbox"/> | Water Meter No.   |
| Location of Device:  | 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                             |
| <b>Initial</b>       |                                       |   |                                       |                                       |
| Date: _____          | Held at _____ PSID                    | Held at _____ PSID  | Opened at _____ PSID                  | Opened at _____ PSID                  |
| Time: _____          | Closed Tight <input type="checkbox"/> | Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>                       | Did Not Open <input type="checkbox"/> | Did Not Open <input type="checkbox"/> |
| Line Pressure: _____ | Leaked <input type="checkbox"/>       | #2 Shut Off Valve Closed Tight?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                                       | Check Valve Held _____PSID            |
| <b>Final</b>         |                                       |   |                                       |                                       |
| Date: _____          | Held at _____ PSID                    | Held at _____ PSID  | Opened at _____ PSID                  | Opened at _____ PSID                  |
| Time: _____          | Closed Tight <input type="checkbox"/> | Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>                       | Did Not Open <input type="checkbox"/> | Did Not Open <input type="checkbox"/> |
| Line Pressure: _____ | Leaked <input type="checkbox"/>       | #2 Shut Off Valve Closed Tight?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                                       | Check Valve Held _____PSID            |

**AIR GAP** Measured vertical inches above overflow rim \_\_\_\_\_ Supply size diameter \_\_\_\_\_

**COMMENTS (including maintenance performed)**

**TESTER INFORMATION**

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

Want to save a stamp? Send your completed form electronically to inaw.ccc@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