

INDIANA AMERICAN WATER
TEST FORM - TO BE COMPLETED BY CERTIFIED TESTER

	Check Value #1	Check Value #2	Pressure Differential Relief Value	Pressure Vacuum Breaker
Initial Test	Static Pressure Drop: _____ Check Valve Closed Tight? _____ Check Valve Leaked? _____ Actual Pressure Drop: _____ Apparent Press. Drop: _____	Static Pressure Drop: _____ Check Valve Closed Tight? _____ Check Valve Leaked? _____ No 2 Shutoff Valve Closed Tight? _____ Leaked _____	Opened At _____ lbs. <i>Reduced Pressure</i> Did Not Open _____	Air Inlet Opened At? _____ Did Not Open _____ Check Valve Held At? _____ Did Not Close _____
Repairs Made & Materials Used				
Final Test	Static Pressure Drop: _____ Check Valve Closed Tight? _____ Actual Pressure Drop: _____	Static Pressure Drop: _____ Check Valve Closed Tight? _____	Opened At _____ lbs. <i>Reduced Pressure</i>	Air Inlet Opened At? _____ Check Valve Held At? _____

The above report is certified to be true at the time of the test. Line pressure at the time of the test: _____ psi (Required) Calibration Date _____

Commercial: _____ **Fire Line:** _____ **Irrigation:** _____ **Other: (Explain)** _____
 Passed _____ Failed _____

TESTED BY: (If tester is different for initial test, repair, or final test please check here _____ and include all other tester information on back of form.)

Tester Name: _____ Company: _____ Telephone: _____

Signature: _____ Address: _____ Fax: _____

Certificate #: _____

Initial Test Date: _____ Time: _____ : _____
 Repaired Date: _____ Time: _____ : _____
 Final Test Date: _____ Time: _____ : _____

DEVICE INFORMATION:

Mnf/Model #: _____ Size: _____
 Serial #: _____ Type: _____

LOCATION INFORMATION:

Name: _____ Account _____
 Service Address _____ Premise #: _____
 City, State, Zip: _____

Meter #: _____
 BFD Location: _____

RETURN THIS TEST FORM TO:

TO: American Water
 P.O. Box 570
 Greenwood, IN 46142
 Attention: Cross Connection Dept. Phone: 866-612-2843
 Fax: 866-613-5879 Email: inaw.ccc@amwater.com