



RETURN THIS TEST FORM TO:

Illinois American Water

Email: ilaw.crossconnection@amwater.com

Mail to: ILAW Cross Connection Department, 4436 Industrial Drive, Alton, IL
62002 Contact Phone: 800-262-9440

Account No: _____

Premise No. _____

LOCATION INFORMATION

Service For: _____

Address 1: _____

Address 2: _____

Type of Service: Domestic Fire Irrigation

Location of Device: _____

New Assembly Replaces Serial No: _____

DEVICE INFORMATION

Type of Assembly: _____

Serial No: _____ Size: _____

Mfn/Model No: _____

Water Meter No: _____

Isolation Containment

TEST MEASUREMENTS

<u>Evaluation</u>	DC		RP
	Check Valve #1	Check Valve #2	Differential Relief Valve
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"/>
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"/>

MAINTENANCE SERVICE PEFORMED – Cleaned = C; Repaired = R

Valve	Rubber Kit	Seat	Seat O-Ring Assembly	Spring	Disk	Nuts / Washers	Other (provide comments below)
Other Comments:							

AIR GAP: Measured vertical inches above overflow rim: _____ **Supply size diameter:** _____

COMMENTS:

TESTER INFORMATION

INITIAL	Tester Name: _____	Company: _____
	Signature: _____	CCCDI Number.: _____
	Testing Equipment Calibration Date: _____	PASS
	Testing Equipment Serial Number: _____	FAIL
FINAL	Tester Name: _____	Company: _____
	Signature: _____	CCCDI Number.: _____
	Testing Equipment Calibration Date: _____	PASS
	Testing Equipment Serial Number: _____	FAIL

BACKFLOW TEST FROM – TO BE COMPLETED BY A QUALIFIED TESTER

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