

RETURN THIS FORM TO: **Iowa American Water**
By Email for faster processing: lowaCCN@amwater.com
By Fax: 1-563-322-2190 **Phone:** 1-563-468-9220
By Mail: 5201 Grand Ave, Davenport, IA 52807

Note: In order for test to be processed it must include: valid test date, correct service address and serial number, and signature of currently licensed tester.

Contract Account
 Number:
Location Information

Service For:
 Service Address:

Premise Number:
Device Information

Manufacturer:
 Model:
 Manuf. Serial Number:
 Size:
 BFA Number:

Type of Service: Domestic Fire Irrigation

Location of Device: FIRE PUMP ROOM

New Assembly Isolation Containment Replaces Serial No: _____
 Water Meter Number:

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		Supply Size Diameter	

COMMENTS (including maintenance performed):

TESTER INFORMATION

INITIAL	Tester Name _____	Company _____
PASS <input type="checkbox"/>	Phone # _____	Email Address _____
FAIL <input type="checkbox"/>	Signature _____	Certified Tester Number: _____
	Testing Equipment Calibration Date: _____	Testing Equipment Serial Number: _____
FINAL	Tester Name _____	Company _____
PASS <input type="checkbox"/>	Phone # _____	Email Address _____
FAIL <input type="checkbox"/>	Signature _____	Certified Tester Number and Expiration Date: _____
	Testing Equipment Calibration Date: _____	Testing Equipment Serial Number: _____