



RETURN THIS TEST FORM TO:

**Iowa American Water**

Email: [IowaCCN@amwater.com](mailto:IowaCCN@amwater.com)

Mail to: IAAW Cross Connection Department, 3409 Research Pkwy,  
Davenport, IA 52806, Contact Phone: 563-468-9201 ext 2

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**

Evaluation	DC		RP
	Check Valve #1	Check Valve #2	Differential Relief Valve
<b>Initial</b> 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"/>  <b>#2 Shut Off Valve</b> Closed Tight? Yes <input type="checkbox"/> No <input type="checkbox"/>	Opened at ____PSID  Did Not Open <input type="checkbox"/>
<b>Final</b> 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"/>  <b>#2 Shut Off Valve</b> 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)
<b>Other Comments:</b>							

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

**COMMENTS:**

**TESTER INFORMATION**

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

**BACKFLOW TEST FROM – TO BE COMPLETED BY A CERTIFIED TESTER**

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