



Portland Water District

FROM SEBAGO LAKE TO CASCO BAY

Backflow Device Test Results Form

Inspection Date:

CUSTOMER

Name:				E-Mail:	
Address:	City:	State:	Zip:		

INSPECTOR

Name:	Company:				
Address:	City:	State:	Zip:		
Phone Number:	E-Mail:				
Certification Number:	Certification Authority: NEWWA ABPA				

TEST RESULTS

	DEVICE 1	DEVICE 2	DEVICE 3	DEVICE 4	DEVICE 5
Backflow Serial #:					
PWD Work Order #:					
The PWD Work Order is located on the inspection notice letter sent to the customer.					
Check Valve 1: (psid)					
Check Valve 2: (psid)					
Relief Valve: (psid)					
Vent Discharge: (psid)					
If this is a new device, please complete the following information.					
Make:					
Model:					
Size: (inches)					