



BANGOR WATER DISTRICT

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General Manager

BACKFLOW DEVICE TEST RESULTS

Mail to: PO Box 1129, Bangor ME 04402
Fax to: (207) 947-5707

Customer Name: _____

Customer service address: _____

Device information

Make _____ Model _____

Serial # _____ Size _____

Water meter serial # protected by device _____

Test Results:

First check _____ psid

Second check _____ psid

#2 gate valve _____ psid

Vent discharge _____ psid

<input type="checkbox"/>	Passed
<input type="checkbox"/>	Failed

Tested by: _____

Print name: _____

Company _____

Tester certification number _____

Telephone _____