



LOUISVILLE WATER COMPANY

Fax to: Louisville Water Company Att: Cross Connection Control

Fax (502) 569-0848 Phone (502) 569-3600, ext. 2407

Backflow Prevention Device Test and Maintenance Report

Please complete and return only containment device results to the Louisville Water Company

GENERAL INFORMATION:

These results are for:	<input type="checkbox"/> An existing device <input type="checkbox"/> A replacement device (old device # _____)			TEST DATE
	<input type="checkbox"/> A new device: Required DOP Plumbing Permit #: _____			
Service type:	<input type="checkbox"/> Domestic	<input type="checkbox"/> Fire	<input type="checkbox"/> Irrigation	
Company name:			Phone:	
Service address:			Fax:	
City:	Zip:		Email address:	
Contact person:			LWC account #:	
Customer signature:				

DEVICE DATA:

Location:						
Manufacturer	Model #	Serial #	Type (RPZ, DC, etc.)	Device size	Meter #	Is this a Bypass?
						<input type="checkbox"/> Yes <input type="checkbox"/> No

BACKFLOW DEVICE TEST RESULTS:

REDUCED PRESSURE ZONE (RPZ)				PRESSURE VACUUM BREAKER AIR INLET	
Pressure Relief Valve Opened at _____PSID <input type="checkbox"/> Did Not Open	DOUBLE CHECK VALVE (DCV)			Opened at _____PSID Leaked <input type="checkbox"/> Check Valve closed tight at _____PSID Leaked <input type="checkbox"/>	
	Check Valve No.1	Check Valve No.2			
	1. Leaked <input type="checkbox"/> 2. Closed Tight <input type="checkbox"/> 3. Pressure _____PSID	1. Leaked <input type="checkbox"/> 2. Closed Tight <input type="checkbox"/> 3. Pressure _____PSID			
<input type="checkbox"/> PASSED		<input type="checkbox"/> FAILED		_____MAIN LINE PSI	

Repairs/Comments:

TESTER INFORMATION:

This report is certified to be true.

Tester (print)	Signature
Company	Cert. #
Address	Phone Email address:

All repairs are to be made within 10 days and this report must be filed with LWC within 15 days of testing. Please fax forms. PLEASE DO NOT SEND RESULTS FOR INTERNAL ISOLATION DEVICES TO LWC.