



Louisville Water Company
 550 S. Third St. Louisville KY 40202
 email to: crossconnection@lwcky.com
 Phone (502) 569-3600 – Water Quality & Cross Connection

Backflow Prevention Device Test and Maintenance Report

This form is only for main containment device results to the Louisville Water Company (NO isolation devices)

General information:

*These results are for:	<input type="checkbox"/> An existing device <input type="checkbox"/> This replaces device no# _____		*TEST DATE
	<input type="checkbox"/> This is a new device installation with KY Dept. Of Plumbing Permit #: _____		
Is this a confined space entry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
*Water Service type:	<input type="checkbox"/> Domestic	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Irrigation Service
*Company name:			Phone:
*Device Service address:			Fax:
*City:	Zip:	Email address:	
Contact person:			

Device data:

*Device Location:	
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*Manufacturer	*Model No.	*Serial No.	*Type(RPZ,DC, etc.)	*Size	*Meter No.	*Main or bypass
						<input type="checkbox"/> MAIN <input type="checkbox"/> BYPASS

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 This device:	Double Check Valve (DCV)			Opened at _____PSID Leaked <input type="checkbox"/> Check Valve holds tight at _____PSID Leaked <input type="checkbox"/>	
	Check Valve No.1	Check Valve No.2			
	1. Leaked <input type="checkbox"/>	1. Leaked <input type="checkbox"/>			
	2. Holds Tight <input type="checkbox"/>	2. Holds Tight <input type="checkbox"/>			
	3. Pressure _____PSID	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

This report must be filed with LWC within 15 days of testing. Please mail or fax forms. *(required information)