

Test Report for Approved Backflow Preventers

Service Data

1. Customer Name & Mailing Address:

Company _____
Street _____
City _____
State _____ Zip _____
Phone _____
Contact _____

Service Address:

Street _____
City _____
State: _____
Zip _____ Phone _____
Location of Device on Property _____

2. Type of Approved Backflow Preventer:

RPZ _____ DCV _____ PVB _____

Serial Number _____ Size _____ Manufacturer _____ Model number _____

3. Type of Water Service: Fire Protection _____

Domestic _____

Lawn Irrigation _____

Test Report Results

1. Model/Serial # of Test Gauge: _____ Date of Gauge Certification: (Annual) _____

2. New Installation _____ Replacement _____ Existing (Annual) _____

3. Supply PSI _____ **Serial Number of Device being Replaced _____

RPZ (Reduced Pressure Zone)	
1 st Check Valve	2 nd Check Valve
Closed: _____ (psid)	Closed: _____ (psid)
Leaked _____	Leaked _____
Relief Valve Open _____ (psid)	
Relief Valve Failed _____	

DCVA (Double Check Valve)	
1 st Check Valve	2 nd Check Valve
Closed _____ (psid)	Closed _____ (psid)
Leaked _____	Leaked _____

PVB (Pressure Vacuum Breaker)
Air Poppet Open at _____ (psid)
Check Valve _____
Closed _____ (psid)
Leaked _____

Device Pass _____ Device Failed _____ Date of Test _____ Time: _____

Comments: _____

Signature of Certified Tester: _____
Certification Number _____
Company Name & Phone number _____

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