



CITY OF BARDSTOWN WATER COMPANY

220 North Fifth Street Bardstown, Kentucky 40004

Fax: (502) 348-2433 Phone: (502)348-5947, ext. 2270

Backflow Prevention Device Test and Maintenance Report

Please complete and return results to the City of Bardstown.

GENERAL INFORMATION:

Required DOP Permit No.		TEST DATE:
These results are for: <input type="checkbox"/> Existing Device <input type="checkbox"/> New Device <input type="checkbox"/> Replacement Device		
Service Type: <input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation		
Company Name:		Phone:
Service Address:		Fax:
City:	Zip Code:	Email:
Contact Person:		Account No.
Signature:		

DEVICE DATA:

Location:						
Manufacturer	Model No.	Serial No.	Type(RPZ, DC,etc.)	Device Size	Meter No.	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	Check Valve No. 1	Check Valve No. 2	
Opened at _____ PSID	1. Leaked <input type="checkbox"/>	1. Leaked <input type="checkbox"/>	Opened at _____ PSID Leaked <input type="checkbox"/> Check Valve closed tight at _____ PSID Leaked <input type="checkbox"/>
Did NOT Open <input type="checkbox"/>	2. Closed Tight <input type="checkbox"/>	2. Closed Tight <input type="checkbox"/>	
	3. Pressure _____ PSID	3. Pressure _____ PSID	
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/> _____ MAIN LINE PSI			

Repairs/Comments

TESTER INFORMATION:

This report is certified to be true.

Tester (print)	Signature
Company	Cert. #
Address	Phone

All repairs are to be made within 10 days and this report must be filed with the COB within 15 days of testing.