



Hardin County Water District No. 2

1951 West Park Road • P.O. Box 970 • Elizabethtown, KY 42701
Telephone (270) 737-1056 • Fax (270) 737-2301 • backflowreports@hcwd2.org

Backflow Prevention Device Inspection Report

Please complete and return containment device results only to Hardin County Water District No. 2. Reports must be filed within 15 days of testing. Please email forms. **Please do not send results for internal isolation devices.**

GENERAL INFORMATION

These results are for:	<input type="checkbox"/> Existing Device <input type="checkbox"/> Replacement Device	TEST DATE
	<input type="checkbox"/> New Device Required DOP Plumbing Permit #:	
Service Type:	<input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation <input type="checkbox"/> Other:	
Company Name:	Phone:	
Service Address:	Fax:	
City, State:	Zip:	Email Address:
Contact Person:	HCWD#2 Account #:	
Customer Signature:		

DEVICE DATA

Device Location:						
Manufacturer	Model #	Serial #	Type (DC, RPZ, etc.)	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	DOUBLE CHECK VALVE (DCV)		
		Check Valve No. 1	Check Valve No. 2
Opened at _____ PSID	1. Leaked <input type="checkbox"/>	1. Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>
<input type="checkbox"/> DID NOT OPEN	2. Closed Tight <input type="checkbox"/>	2. Closed Tight <input type="checkbox"/>	Check Valve Closed Tight at _____ PSID
<input type="checkbox"/> PASSED	3. Pressure _____ PSID	3. Pressure _____ PSID	Leaked <input type="checkbox"/>
	<input type="checkbox"/> FAILED	_____ MAIN LINE PSI	

Repairs/Comments:

TESTER INFORMATION

Tester (print)	Signature
Company	Cert. #
Address	Phone

Your Water Professionals
An Equal Opportunity Provider and Employer