

**Test Report for Approved Backflow Preventers
Georgetown Municipal Water & Sewer Service
PO Box 640
Georgetown, Ky 40324
Service Data**

1. Customer Name & Mailing Address :

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

Service Address :

Street _____
 City _____
 State _____ Zip _____
 Location of device on property _____

2. Type of Approved Backflow Preventer :

RPZ _____ DCVA _____ 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 Check Valve Closed _____ Leaked _____ Relief Valve Open _____	# 2 Check Valve Closed _____ Leaked _____ PSID _____

DCVA (Double Check Valve Ass.)	
#1 Check Valve Closed _____ Leaked _____	#2 Check valve Closed _____ Leaked _____

PVB (Pressure Vacuum Breaker)
Air Poppet Open At _____
Check valve _____
Closed _____
Leaked _____

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

Comments: _____

Signature of Certified Tester: _____
Print Name of Certified Tester: _____
Certification Number: _____ **Certification Expiration Date:** _____
Company Name & Phone Number: _____

A test report will be sent to the local water purveyor as well as the customer whom the devices belongs to.
The above report is certified to be true at the time of test.