

**Kentucky American Water**

Attention: Cross Connection Department:  
16035 HWY 127 SOUTH, Owenton, KY 40359

Phone: 1-859-268-6310 Email: kaw.cc@amwater.com

Contract Account Number:  
**Location Information**  
Service For:  
Service Address:

Premise Number:  
**Device Information**  
BFA Type:  
Manufacturer: Model:  
Manuf. Serial Number: Size:  
Water Meter Number:

Type of Service: Domestic  Fire  Irrigation

Location of Device:

New Assembly  Isolation  Containment  Replaces Serial No: \_\_\_\_\_

**TEST MEASUREMENTS**

	DC		RP	PVB/SVB
	Check Valve #1	Check Valve #2	Pressure Diff. Relief Valve	Air Inlet
<b>Initial</b>				
Date: _____	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID	Opened at _____ PSID
Time: _____	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>
Line pressure: _____	Leaked <input type="checkbox"/>	#2 Shut Off Valve Closed Tight? Yes <input type="checkbox"/> No <input type="checkbox"/>		Check Valve Held _____ PSID
<b>Final</b>				
Date: _____	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID	Opened at _____ PSID
Time: _____	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>
Line pressure: _____	Leaked <input type="checkbox"/>	#2 Shut Off Valve Closed Tight? Yes <input type="checkbox"/> No <input type="checkbox"/>		Check Valve Held _____ PSID
<b>R GAP</b>	<b>Measured vertical inches above overflow</b>		<b>Supply Size Diameter</b>	

COMMENTS (including maintenance performed):

**TESTER INFORMATION**

<b>INITIAL</b>	Tester Name _____	Company _____
<b>PASS</b> <input type="checkbox"/>	Phone # _____	Email Address _____
<b>FAIL</b> <input type="checkbox"/>	Signature _____	Certified Tester Number: _____
	Testing Equipment Calibration Date: _____	Testing Equipment Serial Number: _____
<b>FINAL</b>	Tester Name _____	Company _____
<b>PASS</b> <input type="checkbox"/>	Phone # _____	Email Address _____
<b>FAIL</b> <input type="checkbox"/>	Signature _____	Certified Tester Number: _____
	Testing Equipment Calibration Date: _____	Testing Equipment Serial Number: _____