



Public Protection Cabinet
 Department of Housing Buildings and Construction
 Division of Plumbing
 500 Mero St, 1st Fl
 Frankfort, KY 40601
 502-573-0397

Irrigation & Backflow Installation Virtual Inspection Checklist

General Information:

Journeyman plumbers signature:	_____
Journeyman license number:	J _____
Date of test:	_____
Permit number:	_____
Address of installation:	_____
Type of construction:	Single Family: ___ Multi Family: ___ Commercial: ___
Type of installation:	Irrigation: ___ Backflow Preventer Only: ___

Installation Location:

Specific location where backflow preventer is installed on property:	Front Left: ___ Front Center: ___ Front Right: ___ Rear Left: ___ Rear Center: ___ Rear Right: ___ Other Location Info: _____ _____
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Service Installation Material:

Type of material used:	Copper: ___ CPVC: ___ PEX: ___
Specific material used: (EXP. Copper K, SDR 21 PVC, or Uponor)	PVC: ___ Other: ___ (Other Material Type) _____
Eighteen (18) AWG copper tracer wire installed: ending point of tracer wire:	Yes: ___ No: ___ Meter Vault: ___ Main Valve: ___

Depth of Installation:

Confirmed water service is thirty (30) inches deep:	Yes: ___ No: ___
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Protection of Water Service:

Properly sleeved water service: (EXP: crossed sewer or rocks in spoils)	Yes: ___ No: ___
Sleeve made of proper water service material:	Yes: ___ No: ___
Sleeve sealed on each end	Yes: ___ No: ___
No physical connection between public and private water:	Yes: ___ No: ___

Backflow Preventer:

Type of backflow preventer:	RPZ: ___ DCVA: ___ DCV: ___ PVB: ___ AVB: ___ CV: ___
Proper use for degree of hazard:	Yes: ___ No: ___
Strainer installed before RPZ:	Yes: ___ No: ___
RPZ spillage port drain piping ran:	Yes: ___ No: ___
Device installed in accessible location:	Yes: ___ No: ___
Test ports accessible:	Yes: ___ No: ___
Testable device tested and report sent to water provider:	Yes: ___ No: ___
Proper directional flow:	Yes: ___ No: ___

Installed position:	Vertical: _____ Horizontal: _____
PVB twelve (12) inches above highest fixture/sprinkler:	Yes: _____ No: _____
AVB six (6) inches above fixture rim:	Yes: _____ No: _____
Backflow properly supported:	Yes: _____ No: _____