

TRANSMITTAL LETTER

RECEIVED

JAN 10 2005

To: Gerald Weutcher
 Assistant General Counsel
 KY Public Service Commission
 211 Sower Blvd
 P.O. Box 615
 Frankfort, KY 40602-0615

Date: January 6, 2005

PUBLIC SERVICE
 COMMISSION

RE: West Daviess County Water District
 New Tariff
 Fire Line Backflow Preventer
 Case No. 2004-00178

We are sending you: Attached/Enclosed
 Hand Delivered Faxed

The following items:

- Plans Specifications Technical Drawing
- Survey Plat Description Requested Information
- Drainage Information

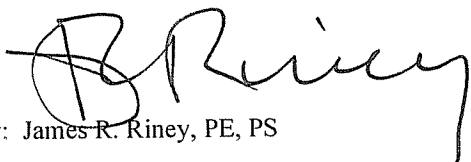
<u>Item No.</u>	<u>Number of Copies</u>	<u>Description</u>
1	1	Duly signed Tariff Sheet with modifications
2	1	Backflow Preventer and Vault Detail Sheet
3	1	Test & Maintenance Reporting Form

Transmittal Information Forwarded:

- For your review/comment For your action
- For your information Approved as submitted
- For your use Approved as noted
- For your approval Returned for revisions
- Per your request Additional information requested
- For your signature Discuss with me
- For your file

Comments: The district prefers the inspections, tests and maintenance be performed by "qualified individuals" and further defines those individuals per language in your suggested revisions.

Please call if you have any questions.



By: James R. Riney, PE, PS

Copy: Bill Higdon w/copies

FOR West Daviess County, Kentucky
Community, Town or City

P.S.C. KY. NO. 1

SHEET NO. 14

West Daviess Water District
(Name of Utility)

CANCELLING P.S.C. KY. NO. _____

SHEET NO. _____

RULES & REGULATIONS

24. **UNMETERED PRIVATE FIRE PROTECTION SERVICES:**

The Customer shall install a double-acting backflow preventer and valve vault at each unmetered private fire protection line. The Customer shall install the backflow preventer assembly in accordance with the District's "Fire Protection Line Double Check Valve and Vault" Detail as set forth in this tariff. Normal assembly and vault installation shall be within ten (10) feet of the fire line connection point to the District's water main.

Customer shall test and service the backflow preventer at least once during calendar year. Testing and maintenance occurring within six (6) months of a prior test and maintenance event shall not be considered as a testing and maintenance event for purposes of this rule. Customer shall report to the District all tests and servicing on a "Test and Maintenance Form" as shown in this regulation. Reports shall be filed with the District within 21 days of the test. The Customer shall perform all repairs and maintenance deemed necessary as a result of the inspection within 14 days of the inspection.

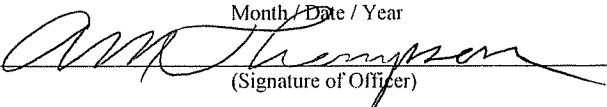
Only qualified individuals shall perform inspections, testing and maintenance on a backflow preventer. For purposes of this regulation, a "qualified individual" is a licensed plumber or licensed fire protection sprinkler contractor.

Customer shall provide to and ensure that authorized District personnel have access to the backflow preventer and vault at all reasonable times to inspect for compliance with the District's rules and regulations. Customer shall further provide access to backflow preventer and vault during any emergency.

The Customer is responsible for all costs related to the installation, operation, testing and maintenance of each of its backflow preventer assemblies.

DATE OF ISSUE _____
Month / Date / Year

DATE EFFECTIVE _____
Month / Date / Year

ISSUED BY 
(Signature of Officer)

TITLE _____ BOARD CHAIRMAN

BY AUTHORITY OF ORDER OF THE PUBLIC SERVICE COMMISSION
IN CASE NO. 2004-00178 DATED _____

BACKFLOW PREVENTION ASSEMBLY
TEST & MAINTENANCE FORM

THIS FORM MUST BE COMPLETED BY A CERTIFIED TESTER

CONTACT PERSON	PHONE NUMBER
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I. GENERAL INFORMATION

NAME OF FACILITY		ADDRESS			
LOCATION OF ASSEMBLY			DOMESTIC <input type="checkbox"/>	DATE OF INSTALL	
			FIRE SERVICE <input type="checkbox"/>		
			IRRIGATION <input type="checkbox"/>		
MANUFACTURER	MODEL	SERIAL NO.	SIZE	<input type="checkbox"/> RP <input type="checkbox"/> PVB <input type="checkbox"/> AG <input type="checkbox"/> DC	
TEST GAUGE MODEL		LAST CALIBRATED		LINE PSI	

II. TEST & REPAIRS INFORMATION

	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT <small>PRESSURE DROP ACROSS FIRST CHECK VALVE PSID</small>	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> OPEN AT PSID <input type="checkbox"/> DID NOT OPEN	<input type="checkbox"/> AIR INLET OPENED AT PSID <input type="checkbox"/> DID NOT OPEN
REPAIRS	<input type="checkbox"/> CLEANED REPLACED <input type="checkbox"/> RUBBER PARTS KIT. <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> DISC <input type="checkbox"/> O-RINGS <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> STEM/GUIDE <input type="checkbox"/> RETAINER <input type="checkbox"/> LOCKNUTS OTHER:	<input type="checkbox"/> CLEANED REPLACED <input type="checkbox"/> RUBBER PARTS KIT. <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> DISC <input type="checkbox"/> O-RINGS <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> STEM/GUIDE <input type="checkbox"/> RETAINER <input type="checkbox"/> LOCKNUTS OTHER:	<input type="checkbox"/> CLEANED REPLACED <input type="checkbox"/> RUBBER PARTS KIT. <input type="checkbox"/> RV ASSEMBLY <input type="checkbox"/> DISC <input type="checkbox"/> DIAPHRAM <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> O-RINGS OTHER:	<input type="checkbox"/> CHECK VALVE. PSID <input type="checkbox"/> CLEANED REPLACED: <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> DISC AIR INLET <input type="checkbox"/> DISC CV <input type="checkbox"/> SPRING <input type="checkbox"/> RETAINER <input type="checkbox"/> GUIDE <input type="checkbox"/> O-RINGS OTHER:
FINAL ASSESSMENT	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> OPEN AT PSID REDUCED PRESSURE	<input type="checkbox"/> SATISFACTORY
REMARKS	CONDITION OF NO. 2 CONTROL VALVE	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> LEAKED	DATE: ASSEMBLY PASS DATE: ASSEMBLY FAIL

*NOTE: ALL REPAIRS/REPLACEMENTS MUST BE MADE WITHIN FOURTEEN (14) DAYS

III. APPROVALS

I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSMEBLY

NAME OF CERTIFIED BACKFLOW PREVENTION TESTER (PRINT)	PHONE NUMBER	BUSINESS NAME:
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INITIAL TEST	SIGNATURE OF INITIAL CERTIFIED BACKFLOW PREVENTION TESTER	CERTIFIED TESTER NUMBER	DATE	TIME
REPAIRS	SIGNATURE OF REPAIRER	CERTIFIED TESTER NUMBER	DATE	TIME
FINAL TEST	SIGNATURE OF FINAL CERTIFIED BACKFLOW PREVENTION ASSEMBLY TESTER	CERTIFIED TESTER NUMBER	DATE	TIME

SEND ORIGINAL COMPLETED FORM TO: WEST DAVIESS COUNTY WATER DISTRICT * 3400 BITTEL RD., OWENSBORO, KY 42301

