



## **Board of Health Sidney-Shelby County**

202 W. Poplar Street, Sidney, OH 45365

Steven J. Tostrick, MPH, REHS, RS  
Health Commissioner

Phone: (937) 498-7249  
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shelbycountyhealthdept.org

### 2014 BACKFLOW PLUMBING CERTIFICATION

#### Instructions:

Anyone doing plumbing work/backflow testing in Shelby County is required to be registered with Shelby County AND have a state-certified Backflow Tester identification card.

#### **SHELBY COUNTY REGISTERED STATE CERTIFIED BACKFLOW TESTERS:**

Complete form “Backflow Prevention Assembly Test Report” and return with \$15.00.

One form for each Backflow Device.

#### **NOTICE:**

*NO PERMITS WILL BE ISSUED WHEN CANCELLATION NOTICE OF INSURANCE IS RECEIVED.*

*Backflow plumbing certification is not required to be submitted to the Sidney-Shelby County Health Department in the following jurisdictions: Russia, Ft. Loramie, Botkins and the Kettlersville Well Association. Contact our office with any questions or for clarification.*



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## BACKFLOW PREVENTION ASSEMBLY TEST REPORT

**FAILED, ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED**

**Customer and Property Information – Please Print**

Permit # \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_

Owner/Business Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Device Information – Please Print**

NEW INSTALLATION  EXISTING  OR REPLACEMENT  OLD SERIAL NUMBER \_\_\_\_\_

TYPE OF ASSEMBLY (CIRCLE ONE) AIR GAP          RP          DV          PVB          OTHER (SPECIFY) \_\_\_\_\_

MAKE OF ASSEMBLY \_\_\_\_\_ MODEL \_\_\_\_\_ SIZE \_\_\_\_\_ SERIAL NO \_\_\_\_\_

What hazard is being isolated? (i.e. boiler, irrigation, complete building) \_\_\_\_\_

Describe location of assembly \_\_\_\_\_

	Double Check Assembly			Reduced Pressure Assembly			Pressure Vacuum Breaker		
Initial Test	Outlet Valve	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	1# Check Valve	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Air Inlet Valve	____psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1# Check Valve	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Relief Valve Opening Point	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Check Valve	____psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	2 <sup>nd</sup> Check Valve	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	2 <sup>nd</sup> Check Valve	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>			
				Outlet Valve	Pass <input type="checkbox"/> Fail <input type="checkbox"/>				

Does the assembly meet proper installation requirements? YES  NO

Assembly PASSED  FAILED  \*NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN 10 DAYS

COMMENTS \_\_\_\_\_

**Certified Tester Information – Please Print**

***I CERTIFY THAT ALL INFORMATION ON THIS REPORT IS TRUE AND ACCURATE.***

Tester's Name (PRINTED) \_\_\_\_\_ State Certification No. \_\_\_\_\_

Test Equipment: Make \_\_\_\_\_ Model \_\_\_\_\_ S/N \_\_\_\_\_ Cal. Date \_\_\_\_\_

Tester's Company Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Tester's Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this form with fee: \$15.00 for each unit inspected. Payment by credit card available. Please call Sidney-Shelby County Health Department at 937-498-7249. Credit card convenience fee will apply.