

CITY OF HAMILTON  
ANNUAL INSPECTION AND TEST REPORT  
BACKFLOW PREVENTION DEVICES

Location Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

Date Tested: \_\_\_\_\_

**Backflow Preventer**

New Device  Existing Device  Serial Number: \_\_\_\_\_

Make and Model: \_\_\_\_\_ Size: \_\_\_\_\_

Location of Device: \_\_\_\_\_

**Type**

- RP
- DC
- DDC
- AG
- MB
- Low Suction Cut Off Switch**

	Line Pressure _____ psi	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve
Test Before Repairs		Leaked ( ) Closed ( )	Leaked ( ) Closed ( )	Opened @ ___psi (Reduced Pressure)
Describe Repairs				
Materials Used				
Final Test		Closed ( )	Closed ( )	Opened @ ___psi (Reduced Pressure)

**CERTIFICATION (Tester)**

I hereby certify the above information to be correct and that the above backflow prevention device is in proper operating condition.

Tester: \_\_\_\_\_ ODH Certification No. \_\_\_\_\_

Signature of Property Representative: \_\_\_\_\_ Contact Number \_\_\_\_\_

Submit all Results to:

City of Hamilton  
Department of Underground Utilities  
Attn: Backflow Prevention Program  
345 High Street; Suite 410  
Hamilton, OH 45011

513-785-7095  
steve.eberts@hamilton-oh.gov  
Fax: 513-785-7203

**Fee Schedule**

- 1<sup>st</sup> Notice - \$15.00 per device
- 2<sup>nd</sup> Notice - \$30.00 per device
- 3<sup>rd</sup> Notice - \$65.00 per device