

**BUTLER COUNTY HEALTH DEPARTMENT  
ANNUAL TEST AND MAINTENANCE REPORT FOR  
BACKFLOW PREVENTION DEVICES  
(513) 863-1770**

DEVICE ADDRESS: \_\_\_\_\_ OWNER/AGENT: \_\_\_\_\_

BUILDING NAME: \_\_\_\_\_ MAILING ADDRESS FOR RENEWAL: \_\_\_\_\_

CITY: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE/ZIP: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_  
PHONE NO.: \_\_\_\_\_

TYPE \_\_\_\_\_ MFR. \_\_\_\_\_ MODEL \_\_\_\_\_ SERIAL NO. \_\_\_\_\_ SIZE \_\_\_\_\_

EXACT LOCATION OF DEVICE: \_\_\_\_\_

TEST DATE: \_\_\_\_\_ CONTAINMENT \_\_\_\_\_ ISOLATION \_\_\_\_\_

WATER SUPPLIER: \_\_\_\_\_ INITIAL TEST \_\_\_\_\_ RETEST \_\_\_\_\_

LINE PRESSURE PSI	WHEEL VALVES	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE
TEST BEFORE REPAIR	LEAKED ( ) CLOSED TIGHT ( )	LEAKED ( ) CLOSED TIGHT ( )	LEAKED ( ) CLOSED TIGHT ( )	OPENED AT _____ PSI REDUCED PRESSURE

DESCRIBE REPAIR \_\_\_\_\_  
FINAL TEST \_\_\_\_\_ CLOSED TIGHT ( ) \_\_\_\_\_ OPENED AT \_\_\_\_\_ PSI  
REDUCED PRESSURE

**Certification (Tester)**

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

Tester (print): \_\_\_\_\_ State of Ohio Cert. No. \_\_\_\_\_

Tester (signature): \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address, City, State \_\_\_\_\_

**Certification** (Building Owner or Representative)

I hereby certify that the above backflow prevention device has been in constant use at this location during the entire prescribed interval between test periods and during that period this device was not by-passed, made inoperative, or removed without proper authorization. All defects found during the operation period or during testing of device were satisfactorily corrected without delay. I further certify that I have the responsibility and authority to insure the above.

OWNER/AGENT (print): \_\_\_\_\_ Title: \_\_\_\_\_

OWNER/AGENT (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Make checks payable to **BUTLER COUNTY HEALTH DEPARTMENT**  
Mail to: 301 South Third Street **\$25.00 for each device**  
Hamilton, OH 45011