

WARREN COUNTY COMBINED HEALTH DISTRICT
 DIVISION OF PLUMBING
 416 S. East Street, Lebanon, Ohio 45036
 Phone: (513) 695-1476 – Middletown (513) 261-1476

OFFICE USE ONLY

RECERTIFICATION	
Permit:	_____
Fee:	_____ \$25.00 _____
Date:	_____

**ANNUAL TEST AND MAINTENANCE REPORT FOR
 BACKFLOW PREVENTION DEVICES**

PLEASE FILL OUT COMPLETELY

- Reduced Pressure Principle Backflow Preventor
- Double Check Valve Assembly
- Pressure Vacuum Breaker

Name & Address of Owner
 of Device: _____

Address: _____ City: _____ State: _____ Zip: _____

Address of Device _____ City: _____ State: _____

Make and Model: _____ Size: _____

Serial No: _____ Date Installed: _____

Exact Location of Device _____

Line Pressure _____psi	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve
Test Before Repair	Leaked () Closed Tight ()	Leaked () Closed Tight ()	Opened at _____psi Reduced Pressure
Describe Repair			
Material Used			
Final Test	Closed Tight ()	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 proper operating condition.

Tester: (signature): _____ State of Ohio Cert. No: _____

Tester: (print): _____ Phone # _____ Date: _____

CERTIFICATION (company)

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 tests of device were satisfactorily corrected without delay. I further certify that I have the responsibility and authority to insure the above.

Owner/Officer (signature): _____ Title: _____

Owner/Officer (print): _____ Date: _____