

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

<b>OFFICE USE ONLY</b>	
<b>RECERTIFICATION</b>	
<b>Permit:</b>	_____
<b>Fee:</b>	<b>\$25.00</b>
<b>Date:</b>	_____

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

**INVALID IF NOT FILLED OUT COMPLETELY**

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Reduced Pressure Principle Backflow Preventor | <input type="checkbox"/> Containment |
| <input type="checkbox"/> Double Check Valve Assembly                   | <input type="checkbox"/> Isolation   |
| <input type="checkbox"/> 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: \_\_\_\_\_