



BACKFLOW PLUMBING CERTIFICATION

Instructions:

Anyone doing plumbing work in Miami County is required to be registered with Miami County AND have a state-certified Backflow Tester card.

MIAMI COUNTY REGISTERED STATE CERTIFIED BACKFLOW TESTER:

Complete form P007 and return with \$20.00

One form for each Backflow Device

Form may be submitted by Faxed to 937-573-3502 with credit card information.

NOTICE:

NO PERMITS WILL BE ISSUED WHEN CANCELATION NOTICE OF INSURANCE IS RECEIVED



Miami County Public Health

510 W Water St, Suite 130, Troy, Ohio 45373
P: 937-573-3534 F: 937-573-3502

P007 / Rev 01/2013

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 nd Check Valve	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	2 nd 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 CO. Name _____ Phone No. _____

Tester's Signature _____ Date _____

Return this form with fee: \$20.00 for each unit inspected.

Name on Card _____ Day Time Phone Number _____

CIRCLE ONE: Visa MasterCard Discover Number on Card _____

Expiration Date of Card _____ Zip Code of Name on Card _____ *CARD INFO NOT KEPT ON FILE