



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 \$25.00

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: 937-573-3504 F: 937-573-3502

P007 / Rev 01/2023

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 Replacement Old Serial # _____

Type of Assembly (Circle One) Air Gap RP DV PVB Other: _____

Make _____ Model _____ Size _____ Serial # _____

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 Printed Name _____ State Certification # _____

Test Equipment: Make _____ Model _____ S/N _____ Cal. Date _____

Tester's CO. Name _____ Phone No. _____

Tester's Signature _____ Date _____

Return this form with fee: \$25.00 for each unit inspected.

Name on Card _____ Day Time Phone Number _____

Circle: Visa MC Discover Card # _____

Expiration Date of Card _____ Zip Code _____ 3 digit Security Code _____

****CARD INFO NOT KEPT ON FILE****