

**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