2275 Bauer Road
Suite 300
Batavia, Ohio 45103
(513)732-7499

CLERMONT COUNTY GENERAL HEALTH DISTRICT

PERMIT # _____ **FEE** _____

New Device ☐
Retest ☐
Check Proper Box

ANNUAL TEST AND MAINTENANCE REPORT FOR BACKFLOW PREVENTION DEVICES

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

Company/owner: _____

Address: _____

Make and Model: _____ Size: _____

Serial No: _____ Date Installed: _____

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			
Materials Used			
Final Test	Closed Tight ( )	Closed Tight ( )	Opened at ____ psi Reduced Pressure

CERTIFICATION (tester)
I hereby certify the above date to be correct and that the above backflow prevention device is in the proper operating condition.

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

Tester (print): _____ Date: _____

CERTIFICATION (company) / (occupant)
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 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.

Company Address: _____

Owner/Officer (signature) _____ Title: _____

City, State, Zip _____