2019 BACKFLOW PLUMBING CERTIFICATION

Instructions:

Anyone doing plumbing work/backflow testing in Shelby County is required to be registered with Shelby County (fee paid PLUS bond in the amount of $10,000) AND have a state-certified Backflow Tester identification card.

SHELBY COUNTY REGISTERED STATE CERTIFIED BACKFLOW TESTERS:

Complete form “Backflow Prevention Assembly Test Report” and return with $15.00.

One form for each Backflow Device.

NOTICE:

NO PERMITS WILL BE ISSUED WHEN CANCELLATION NOTICE OF INSURANCE IS RECEIVED.

Backflow plumbing certification is not required to be submitted to the Sidney-Shelby County Health Department in the following jurisdictions: Russia, Ft. Loramie, Botkins and the Kettlersville Well Association. Contact our office with any questions or for clarification.
BACKFLOW PREVENTION ASSEMBLY TEST REPORT

FAILED, ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

Customer and Property Information – Please Print

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 DC 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______________________________

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<th></th>
<th>Double Check Assembly</th>
<th>Reduced Pressure Assembly</th>
<th>Pressure Vacuum Breaker</th>
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<tbody>
<tr>
<td>Initial Test</td>
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<tr>
<td>Outlet Valve</td>
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<td>1# Check Valve</td>
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<td>Relief Valve Opening Point</td>
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</table>

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 Company Name ___________________________ Phone No. ___________________________ 

Tester’s Signature ___________________________ Date ___________________________

Return this form with fee: $15.00 for each unit inspected. Payment by credit card available. Please call Sidney-Shelby County Health Department at 937-498-7249. Credit card convenience fee will apply.

10/2019