

BACKFLOW TEST SHEET

Instruction: 1: Provide information for the property owner, device, test form, and tester.
 2: Sign the form.
 3: Select payment type. Make a check or money order payable to: HCGHD 4:
 Return completed form and payment (\$30.00 per device) to:

Mailing Address:
 Hamilton County Public Health
 250 William Howard Taft Road
 2nd Floor, Cincinnati, Ohio 45219

Property Owner		Property Owner Email Address	
Property Owner Address		City / State	Zip Code
Company Name		Device Serial	
Device Address			Zip Code
Description of Device Location			
Device Type / ASSE Number		Water Line Size	Device Manufacturer

Is this device part of an irrigation system? ☐ Yes

Is this device part on a fire main? ☐ Yes

Is this device a: ☐ Containment ☐ Isolation

Test Date

Please select the device type and complete test information.

Double Check Assembly (ASSE 1015) ☐ Reduce Pressure Assembly (ASSE 1013) ☐ Pressure Vacuum Break (ASSE 1020) ☐

	PSID	Pass	Fail
Outlet Valve			
1st Check Valve			
2nd Check Valve			

	PSID	Pass	Fail
Outlet Valve			
1st Check Valve			
2nd Check Valve			
Relief Valve			
Opening Point			

	PSID	Pass	Fail
Air Inlet Valve			
Check Valve			

Repairs and Materials Used:		
Tester Name:	State Back Flow Certification:	Expiration Date:
Contractor / Company:	Work Phone No:	Cell Phone No:
Tester Signature:	Tester Email:	

Check ☐ Credit Card (credit card company may charge an additional fee) ☐ Escrow # _____

Credit Card Number:	Expiration Date:	CVN:
Cardholder Name:	Cardholder Phone Number	Total Fee (\$25 per device):
Cardholder Address:	City	State / Zip Code

FOR OFFICE USE ONLY

Processed By:	Amount:	Receipt Number:
----------------------	----------------	------------------------