

# 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 (\$25.00 per device) to:

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

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

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			

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

Check  Credit Card (credit card company may charge an additional fee)  Escrow # \_\_\_\_\_

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

### FOR OFFICE USE ONLY

<b>Processed By:</b>	<b>Amount:</b>	<b>Receipt Number:</b>
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