



PREVENT. PROMOTE. PROTECT.

# 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

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  No Test Date

Is this device part on a fire main?  Yes  No

Is this device a:  Containment  Isolation

Please select the device type and complete test information.

Double Check Assembly (ASSE 1015) <input type="checkbox"/>	Reduce Pressure Assembly (ASSE 1013) <input type="checkbox"/>	Pressure Vacuum Break (ASSE 1020) <input type="checkbox"/>									
Outlet Valve	PSID	Pass	Fail	Outlet Valve	PSID	Pass	Fail	Air Inlet Valve	PSID	Pass	Fail
1st Check Valve				1st Check Valve				Check Valve			
2nd Check Valve				2nd Check Valve							
				Relief Valve							
				Opening Point							

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:
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