



**Board of Health
Sidney-Shelby County**

202 W. Poplar Street, Sidney, OH 45365

Phone: (937) 498-7249
Fax: (937) 498-7013
sschd@shelbycountyhealthdept.org
www.shelbycountyhealthdept.org

2025 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 \$25.00.

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.



Public Health
Prevent. Promote. Protect.

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BACKFLOW PREVENTION ASSEMBLY TEST REPORT

FAILED, ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

Customer and Property Information – Please Print

Permit # _____

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 _____

	Double Check Assembly			Reduced Pressure Assembly			Pressure Vacuum Breaker		
Initial Test	Outlet Valve	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	1# Check Valve	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Air Inlet Valve	____psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1# Check Valve	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Relief Valve Opening Point	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Check Valve	____psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	2 nd Check Valve	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	2 nd Check Valve	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>			
				Outlet Valve	Pass <input type="checkbox"/> Fail <input type="checkbox"/>				

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: \$25.00 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.