Public Health
Prevent. Promote. Protect.

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

2026 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.

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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 _____

	Double Check Assembly			Reduced Pressure Assembly			Pressure Vacuum Breaker		
Initial Test	Outlet Valve	____psid	Pass ☐ Fail ☐	1# Check Valve	____psid	Pass ☐ Fail ☐	Air Inlet Valve	____psig	Pass ☐ Fail ☐
	1# Check Valve	____psid	Pass ☐ Fail ☐	Relief Valve Opening Point	____psid	Pass ☐ Fail ☐	Check Valve	____psig	Pass ☐ Fail ☐
	2nd Check Valve	____psid	Pass ☐ Fail ☐	2nd Check Valve	____psid	Pass ☐ Fail ☐			
				Outlet Valve	Pass ☐	Fail ☐			

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.

To charge your permit fees, complete the following: **(convenience fee will be applied)**

Name _____ Address _____ Zip Code _____

Card # _____ Expiration Date _____ Phone # _____ 3-digit code _____