



Montgomery County Water Services

BACKFLOW PREVENTION CROSS CONNECTION CONTROL
 1850 Spaulding Road
 Kettering, Ohio 45432
 937-781-2627 - phone
 937-781-2534 - fax
www.mcoho.org/water

COUNTY COMMISSIONERS
 Judy Dodge
 Dan Foley
 Deborah A. Lieberman
 COUNTY ADMINISTRATOR
 Deborah A. Feldman
 DEPARTMENT DIRECTOR
 Gregory J. Merrill, P.E.

Owner:
Address:
City, State, Zip

RE: Notification for the Recertification of a Backflow Device at: (Device Address)

In accordance with The Rules and Regulations of Montgomery County Water Services (MCWS) you are hereby notified to have the backflow prevention device listed below recertified by: (Due Date)

This shall be the only form used by the Certified Backflow Tester you have engaged. Upon completion immediately send it to MCWS "BACKFLOW PREVENTION CROSS CONNECTION CONTROL" at the fax number or address above. Owner shall keep a copy of the completed test report for their records. Should you have questions, please contact MCWS at (937) 781-2627.

Owner/Tester: Please update the Device information below and Address Information above if missing or incorrect.

Size	Make	Model	Serial#	Containment	Location

Notes/Test And Maintenance Report **Initial Test Date** ____/____/____ **Re-Test Date** ____/____/____

Double Check Assembly			Reduced Pressure Assembly			Pressure Vacuum Breaker		
Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	1 st Check Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Air Inlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
1 st Check Valve	____ psid	Pass <input type="checkbox"/>	Relief Valve	____ psid	Pass <input type="checkbox"/>	Check Valve	____ psig	Pass <input type="checkbox"/>
2 nd Check Valve	____ psid	Pass <input type="checkbox"/>	Opening Point	____ psid	Fail <input type="checkbox"/>	Valve	____ psig	Fail <input type="checkbox"/>
			2 nd Check Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	NFPA 25 Forward Flow Test		
			Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Rqd Flow	____ gpm	Pass <input type="checkbox"/>
						Msrd Flow	____ gpm	Fail <input type="checkbox"/>

Notes:	
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TESTER CERTIFICATION:			
<i>I certify that the above data is correct and that the backflow prevention device is in proper working condition.</i>			
Tester Name (Printed)	Signature	Phone No.	
_____	_____	____/____/____	
Company Name	OH Cert. No.	Contractor No.	License Expiration Date
_____	_____	_____	____/____/____