



# Montgomery County Water Services

BACKFLOW PREVENTION CROSS CONNECTION CONTROL  
 1850 Spaulding Road  
 Kettering, Ohio 45432  
 937-781-2627 - phone [www.mcoho.org/water](http://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:

<b>\$10.00 Recertification Fee Paid by:</b>	Plumber	Customer	<b>Check #</b>
---	---------	----------	----------------

**RE: Notification for the Recertification of a Backflow Device at**

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 .

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 PROGRAM" at the address above. A \$10.00 recertification fee for each containment device must be paid by the plumber or customer. Payment in the form of a check must accompany each test form or recertification will not be accepted and your water service may be discontinued.

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

Due Date	Size	Make	Model	Serial#	Containment	Location

Test And Maintenance Report		Initial Test Date ____/____/____	Re-Test Date ____/____/____
<b>Double Check Assembly</b>	<b>Reduced Pressure Assembly</b>	<b>Pressure Vacuum Breaker</b>	
Outlet Valve <span style="float: right;">Pass <input type="checkbox"/></span> Fail <input type="checkbox"/>	1 <sup>st</sup> Check Valve <span style="float: right;">Pass <input type="checkbox"/></span> _____ psid Fail <input type="checkbox"/>	Air Inlet Valve <span style="float: right;">Pass <input type="checkbox"/></span> _____ psig Fail <input type="checkbox"/>	
1 <sup>st</sup> Check Valve <span style="float: right;">Pass <input type="checkbox"/></span> _____ psid Fail <input type="checkbox"/>	Relief Valve <span style="float: right;">Pass <input type="checkbox"/></span> Opening Point <span style="float: right;">Pass <input type="checkbox"/></span> _____ psid Fail <input type="checkbox"/>	Check Valve <span style="float: right;">Pass <input type="checkbox"/></span> _____ psig Fail <input type="checkbox"/>	
2 <sup>nd</sup> Check Valve <span style="float: right;">Pass <input type="checkbox"/></span> _____ psid Fail <input type="checkbox"/>	2 <sup>nd</sup> Check Valve <span style="float: right;">Pass <input type="checkbox"/></span> Fail <input type="checkbox"/>		
	Outlet Valve <span style="float: right;">Pass <input type="checkbox"/></span> Fail <input type="checkbox"/>		

**Repairs Completed & Materials Used**

---

**TESTER CERTIFICATION:**  
*I certify that the above data is correct and that the backflow prevention device is in proper working condition.*

\_\_\_\_\_  
**Tester Name (Printed)**                      **Signature**                      **Phone No.** \_\_\_\_\_

\_\_\_\_\_  
**Company Name**                      **OH Cert. No.**                      **Contractor No.**                      **License Expiration Date** \_\_\_\_/\_\_\_\_/\_\_\_\_