



RAMONA MUNICIPAL WATER DISTRICT
 105 EARLHAM STREET
 RAMONA CA 92065-1599
 Telephone: 760-789-1330
 Fax: 760-788-2202

NEW INSTALLATION: YES NO
 DEVICE EXCHANGED: YES NO
 Old Serial #: _____
 New Serial #: _____

*** BACKFLOW CERTIFICATION FORM - BLANK ***

DATE OF NOTICE:

ACCOUNT NUMBER:

CONTACT:

SERVICE ADDRESS:

BF SERIAL #:

VALVE TYPE:

DEVICE SIZE:

MANUFACTURER:

MODEL #:

BF ASSEMBLY LOCN:

Backflow Assembly must be located immediately behind the water meter unless authorized by District

----- * REDUCED PRESSURE PRINCIPLE BACKFLOW ASSEMBLY TEST RESULTS * -----

	-----Initial Test-----	-----Final Test-----
Check Valve #1:	<input type="checkbox"/> Tight <input type="checkbox"/> Fail	<input type="checkbox"/> Tight <input type="checkbox"/> Fail
Check Valve #2:	<input type="checkbox"/> Tight <input type="checkbox"/> Fail	<input type="checkbox"/> Tight <input type="checkbox"/> Fail
Relief Valve Opened At:	_____ PSI <input type="checkbox"/> Fail	_____ PSI
Apparent Pressure Drop:	_____ PSI	_____ PSI
Actual Pressure Drop:	_____ PSI	_____ PSI
Differential Pressure Drop:	_____ PSI	_____ PSI
Line Pressure:	_____ PSI	_____ PSI

(REQUIRED) Meter read:

Line Valve #1:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Line Valve #2:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Test Cocks:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Test Cock Code:	___ 0-4	___ 0-4
Test After Repairs:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Repairs & Remarks (Must be completed if repairs are made)

=====
 District Legislative Code requires a certified backflow prevention assembly tester (from a backflow testing firm) on the District's approved list must perform all tests and repairs. Test forms completed by firms not included on this list cannot be accepted.

INITIAL TEST BY	TEST DATE	FINAL TEST BY	TEST DATE	Firm Name: _____
AWWA/ABPA#	EXPIRATION DATE	AWWA/ABPA#	EXPIRATION DATE	Address: _____
TEST KIT #	CALIBRATION DATE	TEST KIT #	CALIBRATION DATE	City, State: _____
				Telephone: _____