



RAMONA MUNICIPAL WATER DISTRICT

ADMINISTRATIVE SERVICES DEPARTMENT
105 Earlham Street
Ramona, CA 92065-1599

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2025 Tester Agreement

To test backflow prevention assemblies within the Ramona Municipal Water District, each tester must agree to, and sign the requirements section of this form.

Business Name: _____

Tester Name: _____

AWWA/ABPA/ASSE Tester # : _____

Phone # _____

Cell Phone # _____ listed not listed

Email Address _____

Tester hereby agrees to:

1. Provide accurate test results using the Ramona Municipal Water District test forms (provided).
2. Use only USC 10th edition approved test procedures.
3. Test only approved backflow prevention assemblies.
4. Sign only those reports that he/she personally performed.
5. Send copies of test results to Ramona Municipal Water District no later than (7) days from test date.
6. Each electronic BPA submission must be its own PDF file, named as the site address and serial number.
7. Have test kits calibrated yearly as required by DEH and submit a copy of calibration to the RMWD.
8. Keep AWWA/ABPA/ASSE tester certificate current and submit a copy to RMWD.
9. Note on test form any observable problems with a backflow prevention assembly.
10. The Ramona Municipal Water District reserves the authority to suspend or remove any tester from the list of authorized testers for improper testing, repairs, and/or reporting.

I, the undersigned, agree to the above stated terms. I understand that failure to meet any of these requirements may result in exclusion or expulsion from the Ramona Municipal Water Districts list of approved certified testers.

Print Name _____

Signed _____ Date _____

Ted Hike
Cross-Connection Program Specialist