



RAMONA MUNICIPAL WATER DISTRICT
 105 EARLHAM STREET
 RAMONA CA 92065-1599
 Telephone: 760-788-2212
 Fax: 760-788-2202

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

BACKFLOW CERTIFICATION FORM

DATE OF NOTICE:

ACCOUNT NUMBER:

CONTACT:

SERVICE ADDRESS:

BF SERIAL #:

VALVE TYPE:

DEVICE SIZE:

MANUFACTURER:

MODEL #:

BF ASSEMBLY LOCN:

Backflow Prevention Assembly must be in compliance with the CCCPH, USC 10th edition, and Water Agencies Standards

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

	---- Test ----		----Re-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	
Shut-Off Valve #1:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shut-Off 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
Assembly in compliance:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Test After Repairs:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

Repairs & Remarks:

=====

Only tests submitted by backflow prevention assembly testers on the current APPROVED CERTIFIED BACKFLOW TESTER LIST will be accepted. Test completed by anyone not on this list will not be accepted.

TEST BY	DATE	RE-TEST BY	RE-TEST DATE	Firm Name: _____
CERTIFICATION #	EXPIRATION DATE	CERTIFICATION #	EXPIRATION DATE	Address: _____
TEST KIT #	CALIBRATION DATE	TEST KIT #	CALIBRATION DATE	City, State: _____
				Telephone: _____