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:

CONTACT:

ACCOUNT NUMBER:
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:	☐ **Tight**	☐ **Fail**	☐ Tight	☐ Fail
Check Valve #2:	☐ **Tight**	☐ **Fail**	☐ Tight	☐ Fail
Relief Valve Opened At:	_____ PSI	☐ **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:	☐ **Yes**	☐ **No**	☐ Yes	☐ No
Shut-Off Valve #2:	☐ **Pass**	☐ **Fail**	☐ Pass	☐ Fail
Test Cocks:	☐ **Pass**	☐ **Fail**	☐ Pass	☐ Fail
Assembly in compliance:	☐ **Pass**	☐ **Fail**	☐ Pass	☐ Fail
Test After Repairs:	☐ **Pass**	☐ **Fail**	☐ Pass	☐ Fail

Repairs & Remarks:

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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
_____	_____	_____	_____
CERTIFICATION #	**EXPIRATION DATE**	CERTIFICATION #	EXPIRATION DATE
_____	_____	_____	_____
TEST KIT #	**CALIBRATION DATE**	TEST KIT #	CALIBRATION DATE

Firm Name: _____

Address: _____

City, State: _____

Telephone: _____