

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 *

WATER ACCOUNT #:
SERVICE ADDRESS:

DATE OF NOTICE:
BF SERIAL #:
VALVE TYPE: RPP
DEVICE SIZE:
MANUFACTURER:
MODEL #:
METER SERIAL #:
METER SIZE:

CONTACT:
WATER METER LOCN:
BF ASSEMBLY LOCN:

* Backflow Assembly must be *
* located immediately behind *
* the water meter unless *
* authorized by the 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:	<input type="text"/> PSI	<input type="checkbox"/> Fail	<input type="text"/> PSI	
Apparent Pressure Drop:	<input type="text"/> PSI		<input type="text"/> PSI	
Actual Pressure Drop:	<input type="text"/> PSI		<input type="text"/> PSI	
Differential Pressure:	<input type="text"/> PSI		<input type="text"/> PSI	
Line Pressure:	<input type="text"/> PSI		<input type="text"/> PSI	
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:	<input type="checkbox"/> 0-4		<input type="checkbox"/> 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)

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This report must be performed and completed in it's entirety by a certified AWWA/ABPA Backflow Tester to be valid. This report certifies that during the test, the device described performed as reported above. Original form must be submitted to the District.

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: _____