



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 ***

ACCOUNT NUMBER:

SERVICE ADDRESS:

CONTACT:

DATE OF NOTICE:
 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	
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.

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