



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 ***

DATE OF NOTICE:

ACCOUNT NUMBER:

CONTACT:

SERVICE ADDRESS:

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.

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: _____