



Carlsbad Municipal Water District
A Subsidiary District of the City of Carlsbad
5950 El Camino Real - Carlsbad CA 92008
Ph. (760) 438-2722 Fax (760) 431-2658 Email: backflow@carlsbadca.gov



Account No.: _____
 Service Address: _____
 Location: _____
 Customer: _____
 Mailing Address: _____
 City ST Zip: _____

Date of Notice: _____
 Serial No. : _____
 Mfg./Model : _____
 Size/Type: _____
 Meter Size : _____
 Meter Number : _____

RE: ANNUAL BACKFLOW RECERTIFICATION NOTICE - DUE 30 DAYS FROM DATE OF NOTICE
*******FAILURE TO COMPLY WILL INCUR LATE FEES*******

From the date of this notice, you will have 30 days in which to have your backflow assembly tested and certified. If repairs are needed, the assembly will require retesting before it can be certified. The enclosed tester list is provided as a convenience. If you choose a tester not shown on the enclosed list, please have the tester contact our office to verify they meet the requirements. The testing company must also possess a valid City of Carlsbad business license. Only tests performed by testers meeting the requirements will be considered valid. The Field Testing & Maintenance Form provided by the District must be completed by the repair and test contractor, signed by the tester and the original returned to the District. Test forms from other agencies, nor the tester's own forms will be accepted. This form must be completed and returned to the District within 30 days from the notice date or your water service will be subject to termination.

Date Tested: _____ AWWA or ABPA Cert. No.: _____ Gauge Serial No.: _____
 Firm Name: _____ Tester Name: _____
 Telephone No.: _____ PSI: _____
 Line Valve #1 - Replaced () Line Valve #2 - Tight () Leaked () Replaced ()

Reduced Pressure Principle Assembly			
Double Check Valve Assembly			
	Check #1	Check #2	
Test Before Repairs	Tight () Leaked ()	Tight () Leaked ()	Apparent Drop _____ Opened At _____ Actual Drop _____ PASS () FAIL ()
New Materials and Repairs Made			
Test After Repairs	Tight ()	Tight ()	Apparent Drop _____ Opened At _____ Actual Drop _____

Name and Phone No. of Repair Person: _____
 Test After Repairs Done By: _____
 Firm Name: _____ Tester Name: _____ Date: _____
 Gauge Serial No.: _____ AWWA or ABPA Cert No.: _____ Telephone No.: _____
 Tester's signature affixed to this form certifies the above to be true.

Testers Signature: _____

ORIGINAL MUST BE RETURNED TO THE DISTRICT