



County of Sacramento

SUBJECT: APPLICATION FOR ANNUAL REGISTRATION AS A BACKFLOW PREVENTION ASSEMBLY TESTER

Background Sacramento County Code, Title 6, Chapter 6.30, Section 6.30.110 requires any Owner and/or Operator of a facility or premises where a backflow prevention assembly (assembly) is installed, to have the assembly tested at the time of installation and annually thereafter or more often as the Environmental Management Department (EMD) may require. All required field testing shall be performed by a person registered as a backflow prevention assembly tester (Tester) pursuant to Section 6.30.130.

A person who wishes to perform backflow prevention assembly testing services within Sacramento County must be certified as a Backflow Prevention Assembly Tester, annually calibrate the field test kit gauge used for assembly testing, and annually register with EMD prior to performing testing services pursuant to Section 6.30.130 (c).

New Tester Registration Application

Please submit the following:

- The completed application form. A new tester registration application can be filled out and submitted on the EMD Portal at: <https://emd.saccounty.gov/Pages/emdportal.aspx>
- A copy of your current backflow prevention assembly tester wallet card showing valid expiration date from the Cal-Nevada Section of the American Water Works Association (AWWA).
- A copy of the calibration report for the test gauge that will be used in field testing procedures. Test gauges are to be calibrated annually and uploaded to EMD Portal.
- Payment of the EMD registration fee. Payments can be made online: <https://emdpayments.saccounty.net>. Select Backflow Tester Registration Application and enter the fee amount listed below to complete the payment.

Payment

- The annual registration fee is \$187.00.
- The blue tag fee is \$21.00 each and tag is required on annual test.
- Fees are non-refundable and non-transferable.

E-Check and Credit Card Payments are now accepted on-line at <https://emdpayments.saccounty.net/>

Registration Please allow 3 business days for application processing. Tester Registration expires one (1) year after the date of EMD application approval.

Questions?? If you have any questions regarding this, please contact our office at (916) 875-8400 or via email at crossconnection@saccounty.net.

Billing and Invoice Questions and Information contact: (916) 875-8481

Sincerely,

Katie Miller
Environmental Specialist III
Cross-Connection Control Program
Phone: (916) 875-0083

Attachment(s): Application for Backflow Tester Registration

ENVIRONMENTAL MANAGEMENT DEPARTMENT FOR OFFICE USE ONLY

APPROVED APPROVED W/CONDITIONS (ATTACHED) DISAPPROVED

APPROVED BY: _____ DATE: _____ EMD TESTER NUMBER: _____

EMD EXPIRATION DATE: _____ DATE APPLICATION RECEIVED: _____

TOTAL FEE: _____ A/R NO.: _____ INVOICE NO.: _____

AWWA CERTIFICATE NO.: _____ DATE OF AWWA CERT EXPIRATION: _____

COMMENTS: _____

TESTER INFORMATION

Tester's Name:	Email for Tester:
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Mailing Address: _____

City:	State:	Zip Code:
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Telephone:	Public Phone (for public list):	Direct Contact (for EMD to contact tester):
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1. **Submit a photocopy of your current AWWA wallet card.** Your certificate must be valid for the entire period that you are registering to field test. Temporary cards will be accepted with the condition that you supply your permanent card within 60 days of registration approval.

AWWA Certificate Number: _____ **Expiration Date:** _____

2. **Do you wish to be listed on the public list available for hire to the general public for backflow testing?**

YES Telephone number to appear on public list: _____
 NO

3. Submit a copy of the calibration report for the field test equipment that will be used. Calibration must be performed annually to manufacturer specifications.

A. Differential Gauge:

Manufacturer:	Model:
Serial Number:	Calibration Date:

B. Owner of Equipment:

Company:
Contact Person:
Mailing Address:

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE:

Signature of Applicant

Date

PLEASE SUBMIT THE APPLICATION PACKET THROUGH ONE OF THE FOLLOWING OPTIONS:

<p align="center">PLEASE EMAIL THE APPLICATION PACKET TO:</p>	<p align="center">crossconnection@saccounty.net</p>
<p align="center">OR PLEASE MAIL THE APPLICATION PACKET TO:</p>	<p align="center">CROSS CONNECTION CONTROL PROGRAM COUNTY OF SACRAMENTO ENVIRONMENTAL COMPLIANCE DIVISION 11080 WHITE ROCK ROAD, SUITE 200, RANCHO CORDOVA, CA 95670</p>
<p align="center">OR VIA FAX AT</p>	<p align="center">(916) 854-9274</p>

CALIBRATION OF TEST EQUIPMENT

Verification that test equipment has been calibrated to the manufacturer's specifications within the previous (12) twelve months is to be submitted with the application for tester registration.

Equipment can be calibrated either by the manufacturer or any approved independent entity shown below:

<p align="center">1</p>	<p>BACKFLOW DISTRIBUTORS INC. 6400 ELVAS AVENUE, SUITE B SACRAMENTO, CA 95819 (916) 452-6500 - RANDY VALENZANO</p>
<p align="center">2</p>	<p>SABER BACKFLOW INC. 2974 DELTA FAIR BLVD. #111 ANTIOCH, CA 94509 (925) 698-5169 - KEN BYRD</p>
<p align="center">3</p>	<p>ASTRA INDUSTRIAL SERVICES 3525 OLD CONEJO RD., STE 104 NEWBURY PARK, CA 91320 (800) 776-1464</p>

Please Note

This list was compiled for your convenience and is not a comprehensive list. Please refer to the yellow pages for a complete listing. You are responsible for verifying any required business license, other licenses, insurance, certifications, or permits required by federal, state, and local regulations.

Questions regarding costs should be directed to the individual entity.