



Countywide Services Agency

Environmental Management  
Department

Environmental Compliance Division

Dennis Green, Chief

Terry Schutten, County Executive

Jim Hunt, Acting Agency Administrator

Val F. Siebal, Department Director

## County of Sacramento

TO ELIGIBLE APPLICANTS:

**SUBJECT: APPLICATION FOR SACRAMENTO COUNTY –  
CERTIFIED BACKFLOW PREVENTION ASSEMBLY TESTER**

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### Background

Section 6.30.100 of the Sacramento County Code provides that the water customer is responsible to have the service-protection backflow prevention assembly(ies) tested at the time of installation and annually thereafter by a Sacramento County certified backflow prevention assembly tester. Please note, assemblies receiving notice from the Environmental Management Department (EMD) for annual testing require a Backflow Device Tag to be placed on the device. Backflow Device Tags may be purchased from this office. A list of participating water agencies and their corresponding district boundaries can be found on our website at <http://www.emd.saccounty.net/WP/EMDCrossConnection.htm>

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### Application

Enclosed is the application form for certification as a backflow prevention assembly tester in Sacramento County.

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### Application requirements

Please include the following with the completed application:

- Backflow Prevention Assembly Tester **Certificate issued from the American Water Works Association**
  - **Calibration report** indicating that your test equipment is approved and has been calibrated to the manufacturer's specifications, within the previous (1) year.
  - A **check or money order** in the amount of \$99.00 made payable to: "County of Sacramento" – for the certification fee.
  - You may also pay with MasterCard® or VISA® credit card.
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### Certification period

Sacramento County certification as a backflow prevention assembly tester shall be valid for a period of three (3) years, unless suspended or revoked.

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### Questions??

If you have any questions regarding this, please contact Christopher Hunley at (916) 876-7277 or via facsimile at (916) 854-9274.

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Sincerely,

Chris Hunley  
Environmental Specialist III  
Cross-Connection Control Program  
E-mail: [HunleyC@Saccounty.net](mailto:HunleyC@Saccounty.net)

Attachment(s)

11/09/2009 CH W:\DATA\CROSS CONNECTION\FORMS\TESTER APPLICATION UPDATED 110909 CH.DOC



**COUNTY OF SACRAMENTO, ENVIRONMENTAL COMPLIANCE DIVISION  
APPLICATION FOR BACKFLOW PREVENTION  
ASSEMBLY TESTER CERTIFICATION**

**FOR OFFICE USE ONLY**

Fee: \$ \_\_\_\_\_ Date: \_\_\_\_\_ A/R No.: \_\_\_\_\_  
AWWA Certificate No.: \_\_\_\_\_ Sacramento County Tester Certificate No.: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  Certification Edition: 9<sup>th</sup> (direction of flow)  
 Approved  Disapproved By: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: Day ( ) \_\_\_\_\_ Night ( ) \_\_\_\_\_  
Cell ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

1. Are you currently certified as a Backflow Prevention Assembly Tester by an approved entity such as the American Water Works Associations? (Attach a photocopy of your current AWWA certificate)

- YES** Expiration date: \_\_\_\_\_  
 **NO** You do not meet the minimum requirements and cannot be certified.

2. Do you wish to be listed as available for hire to the general public for testing?

- YES** List telephone number to appear on the public list \_\_\_\_\_  
 **NO**

3. Please provide the following information relative to the test equipment that is at your disposal for backflow prevention assembly testing: (Attach a copy of your calibration report)

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 Tester Applicant / Date

<b>PLEASE MAIL THE APPLICATION PACKET TO:</b>	<b>ATTN: EMD CASHIERING UNIT COUNTY OF SACRAMENTO ADMINISTRATIVE SERVICES UNIT 10590 ARMSTRONG AVENUE, MATHER CA 95655</b>	<b>OR VIA FACSIMILE AT (916) 854-9274</b>
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Credit Card (Please check one):		MasterCard® <input type="checkbox"/> VISA® <input type="checkbox"/>												
Cardholder Name:														
Credit Card No.:														
Expiration Date:	Month			Year										
Credit Card Billing Address:														
City:							State:		Zip code:					
Cardholder Signature:														

**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 certification.

Equipment can be calibrated either by the manufacturer or an approved independent entity. Approved independent entities include the following:

BLAIR-MARTIN COMPANY, INC.  
849 MISSION STREET  
SOUTH PASADENA CA 91030  
(213) 682-2861, BILL HELLER

GEORGE NEWMAN  
1330 GREENBOROUGH DRIVE  
ROSEVILLE CA 95661  
(916) 782-9283

SABER CONTROLS, INC.  
3419 GRAND AVENUE  
OAKLAND CA 94610  
(510) 444-0635, STEVE KERSTNER

WESTERN BOILER CONTROLS  
1500 BURKE AVENUE, SUITE A  
SAN FRANCISCO CA 94124  
(415) 621-2274

ASTRA INDUSTRIAL SERVICES  
3525 OLD CONEJO RD STE 104  
NEWBURY PARK CA 91320  
(800) 776-1464

SMUD CALIBRATION LAB  
14440 TWIN CITIES ROAD  
HERALD, CA 95638  
(916)732-4855, CHARLES FALLON

SACRAMENTO FLOW CONTROL  
6400 ELVAS AVENUE, SUITE B  
SACRAMENTO, CA 95819  
(916) 452-6500, RANDY VALENZANO

ROY HICKS  
6762 CONNEMARA CIR  
CITRUS HEIGHTS, CA 95621