

MAIL TO: City of Los Angeles
 Department of Water and Power
 Cross - Connection Control Unit
 P.O. Box 51111 Room 1213
 Los Angeles, California 90051-0100

NOTICE OF VIOLATION

PRIOR DELINQUENCY

Telephone: 213-367-3471

RETURN TEST REPORT BY: 5/31/2025

MANUFACTURER WILKINS **MODEL** 375AST **SIZE** 6.00 **SERIAL NUMBER** 27855C **SERVICE NUMBER** 625830

SERVICE ADDRESS: 2801 SUNSET PL

LOCATION: GARAGE PUMP ROOM

IF THIS ASSEMBLY WAS REPLACED, PLEASE INDICATE CHANGES:

TEST ID: 471166 **MANUFACTURER** _____ **MODEL** _____ **SIZE** _____ **SERIAL NUMBER** _____

ID NO: 85614

CC: 33731

SiC: 56057

SvC: 72681

DT: RP

DEVICE PASSED ☐

DEVICE FAILED ☐

TEST FORM MUST BE RETURNED BY THE DUE DATE INDICATING WHETHER THE ASSEMBLY HAS PASSED OR FAILED. PLEASE CALL OUR OFFICE FOR APPROVAL OF THE TYPE, MODEL AND SIZE BEFORE INSTALLING ANY NEW ASSEMBLY

REDUCED PRESSURE PRINCIPLE ASSEMBLY				
DOUBLE CHECK VALVE ASSEMBLY				
	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	CLOSED TIGHT <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____	AIR INLET _____
	HELD AT _____ PSID	HELD AT _____ PSID	DID NOT OPEN <input type="checkbox"/>	OPENED AT _____
	LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>		DID NOT OPEN <input type="checkbox"/>
REPAIRS	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CHECK VALVE <input type="checkbox"/>
	REPLACED: <input type="checkbox"/>	REPLACED: <input type="checkbox"/>	SENSING LINES(S) <input type="checkbox"/>	HELD AT _____ PSID
	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	REPLACED: <input type="checkbox"/>	LEAKED <input type="checkbox"/>
	SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	DISC <input type="checkbox"/>	CLEANED <input type="checkbox"/>
	GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	UPPER <input type="checkbox"/> LOWER <input type="checkbox"/>	REPLACED: <input type="checkbox"/>
	PIN RETAINER <input type="checkbox"/>	PIN RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>	AIR INLET <input type="checkbox"/>
	HINGE PIN <input type="checkbox"/>	HINGE PIN <input type="checkbox"/>	DIAPHRAGM <input type="checkbox"/>	DISC <input type="checkbox"/>
	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	LARGE: <input type="checkbox"/>	CHECK DISC <input type="checkbox"/>
	DIAPHRAGM <input type="checkbox"/>	DIAPHRAGM <input type="checkbox"/>	UPPER <input type="checkbox"/> LOWER <input type="checkbox"/>	AIR INLET <input type="checkbox"/>
	OTHER, DESCRIBE <input type="checkbox"/>	OTHER, DESCRIBE <input type="checkbox"/>	SMALL <input type="checkbox"/>	SPRING <input type="checkbox"/>
FINAL TEST	_____ PSID	_____ PSID	OPENED AT _____ PSID	AIR INLET _____ PSID
	CLOSED TIGHT <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>	REDUCED PRESSURE <input type="checkbox"/>	CHECK VALVE _____ PSID

INITIAL TEST BY _____

CERTIFIED TESTER NO. **P10000** DATE _____

PRINT TESTER'S NAME _____

TELEPHONE _____

REPAIRED BY _____

TELEPHONE _____

DATE _____

FINAL TEST BY _____

CERTIFIED TESTER NO. **P10000** DATE _____

PRINT TESTER'S NAME _____

TELEPHONE _____

BACKFLOW DEVICE IS SERVED
 BY WATER METER # **9600831**

LOCATED ON METER LID COVER

2900 WILSHIRE, LLC

ATTN: WATER USE SUPERVISOR
 PO BOX 5169
 OAK BROOK, IL 60522



BUILDING & ELECTRICAL

Karen B. B. Mayor

Booth Commission

Richard K. K. President

George S. S. Vice President

Nathan S. S.

M. M. M.

William P. P.

Charles M. M. Secretary

Janis C. C. Chief Executive Officer and Chief Engineer

April 1, 2025

NOTICE OF VIOLATION

**BACKFLOW PREVENTION ASSEMBLY
ANNUAL TEST AND MAINTENANCE REPORT**

The Backflow Prevention Assembly described on the reverse side of this letter is due for its annual test. The State of California Administrative Code Title 17 and the Los Angeles Department of Water and Power's Rule No. 16D require that Backflow Prevention Assembly be tested by a certified tester periodically to ensure it is operating satisfactorily. A request for you to complete the Periodic Test and Maintenance Report was previously sent to you by mail.

We have not received your completed report and you are now considered to be in violation of Rule 16-D. **Violation of Rule No. 16-D is cause for discontinuance of water service to your premises.** You are directed to have this assembly **tested immediately** to determine that it is operating satisfactorily.

If the test discloses that the assembly is not operating satisfactorily, please make the necessary repairs and have the assembly re-tested by the tester without delay. Upon completion of a test showing that the assembly is operating satisfactorily, the tester is required to complete the Report on the reverse side of this letter and forward it to this office immediately.

The person who performs this test must possess a valid Certificate of Competence in backflow testing issued by the Los Angeles County Department of Public Health. The current list of qualified testers is located on the Los Angeles County Department of Public Health's website at http://publichealth.lacounty.gov/eh/docs/ep_cross_con_emplist.pdf. Should you require additional information relative to this Notice of Violation, please contact a Cross-Connection Control Specialist, at (213) 367-3471 between the hours of 7:30 a.m. and 4:00 p.m., Monday through Friday. Correspondence may be addressed to the Los Angeles Department of Water and Power, P.O. Box 51111, CCC Program, Room 1213, Los Angeles, California 90051-0100 or faxed to (213) 367-5082.

Charles Guel
Cross-Connection Control Supervisor