

## Carlsbad Municipal Water District - A Subsidiary District of the City of Carlsbad 5950 El Camino Real - Carlsbad CA 92008



	101	Ph. (760) 438-2722 Er	mail backflow@carlsb		CARLSBAD		
Acct. No:	9714	1300	Date of Notice:	May 1. 2018	0,111200,10		
Service Add	Iress 27	738 LOKER AV WEST	Interval: 5				
Location	fire			FFD00	· VD		
			Make/Model	FEBCO 805	) AR		
	72455557547 × 107		Size:	3/4			
H G FEN			Serial No.:	A018274 DC			
	SERVICE		Type: Mtr. Size/Num.:		02		
P O BOX		-			93		
LOGAN	U	Г 84323	User Code	FP			
			GPS:				
RE: ANNUAL BACKFLOW RECERTIFICATION NOTICE - DUE 30 DAYS FROM DATE OF NOTICE **FAILURE TO COMPLY WILL INCUR LATE FEES** AFTER 7 DAYS LATE \$11.00 AFTER 21 DAYS LATE \$32.00**							
needed, the you choose requirement testers mee be complete Test forms to District within Date Tested Firm Name: Telephone I Line Valve #	assembly was tester not a tester not its. The testiting the requed by the repfrom other a in 30 days from the control of the c	otice, you will have 30 days in whice will require retesting before it can be shown on the enclosed list, pleasing company must also possess a cuirements will be considered valid pair and test contractor, signed by gencies, nor the tester's own form om the notice date or your water AWWA or ABPA Cert Tester Ned ( ) Line Valve #2 - Tight	be certified. The enclose have the tester contains a valid City of Carlsbad In the Field Testing & Now with the accepted. The service will be subject to No.: Gauge Name:	sed tester list is provide ct our office to verify the business license. Only faintenance Form provinal returned to the Disis form must be complete termination.  Serial No.:	ed as a convenience. If ney meet the y tests performed by vided by the District must trict.  eted and returned to the		
Reduced Pressure Principle Assembly							
Double Check Valve Assembly							
		Check #1	Check #2				
Test B	efore	Tight ( )	Tight ( )	_ Apparent _ Opened At	<u> </u>		

Tto da do ca i To do di	e i illicipie Assembly		-
Double Check Va	Ive Assembly		
	Check #1	Check #2	
Test Before Repairs	Tight ( )	Tight ( )	Apparent Opened At Actual Pass ( ) Fail ( )
New Materials and Repairs Made		.9	
Test After Repairs	Tight ( )	Tight ( )	Apparent Opened At Actual

Name and Phone No. of Repair Perso	on:	
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:		
OPIGINA	I MUST BE RETURNED TO THE DISTRICT	