



CITY OF GUADALUPE
PUBLIC WORKS DEPARTMENT
WATER DEPARTMENT



DATE: January 28, 2010
TO: Premises Owner or Occupant
FROM: Jaime Vidales-D2, T2, Cross Connection Administrator
SUBJECT: NOTICE TO TEST BACKFLOW PREVENTION ASSEMBLY

The backflow prevention assembly described on the attached form of this notice is due for its annual inspection and testing. The device has been installed on your water system to protect the public health from possible contamination.

Under the requirements of the California Code of Regulations, the Santa Barbara County Code and the City of Guadalupe Municipal Code, you are directed to have this assembly tested to determine that it is functioning satisfactorily. The inspection is required to be performed when first putting the assembly into service and at least annually for the life of the assembly. If it is found defective, the assembly shall be repaired or replaced without delay. Repair or replacement must be followed by a test to ensure effective operation.

A person possessing a valid certificate of competence, which has been issued by one of the following agencies, must perform testing.

- American Backflow Prevention Association (ABPA)
- American Water Works Association (AWWA)
- San Luis Obispo County Environmental Health Department
- Ventura County Environmental Health Department

A list of Companies supplying certified tester service is enclosed for your convenience. The completed report is to be returned to the City of Guadalupe Water Department indicated on the attached form by the return date specified. The responsibility of returning the form rests solely with the owner or occupant, unless the owner or occupant requests the tester to send the reports to the City of Guadalupe.

Your immediate attention and cooperation in this matter is greatly appreciated. Due date: May 1, 2010. If you should have any questions or need additional information, please contact the City of Guadalupe's Water Department at (805) 356-3890, and speak with Jaime Vidales.

Thank you,

Jaime Vidales, T2, D2
Water Department Supervisor

Updated:

1/29/2009

CITY OF GUADALUPE-WATER DEPARTMENT **LIST OF COMPANIES/INDIVIDUALS PROVIDING BACKFLOW PREVENTION TESTING SERVICES**

Company	Tester	Number	Address	City	Zip	Phone
Santa Maria/Orcutt Areas						
Jack's All American Plumbing			2011 Preisker Ln	Santa Maria	93454	934-0944
Bark's Plumbing & Appliance			1700 N. Broadway	Santa Maria	93454	928-5823
Austins Home Repair			P.O. Box 1131	Santa Maria	93455	922-6161
Jerry's Plumbing & Heating			319 N. Russell	Santa Maria	93458	928-5526
Griffin Plumbing			P.O. Box 2537	Orcutt	93457	934-1949
Koehler Plumbing Inc.			201 S. Oakley Av.	Santa Maria	93454	347-0944
Zierman Plumbing			2341 Meredith Ln	Santa Maria	93455	928-2511
Ray Zierman Backflow Service			P.O.Box 2216	Orcutt	93456	934-1074
Lompoc						
Fridrich Quality Plumbing			123 W. Ocean Av.	Lompoc	93436	735-6869
Ron's Plumbing & Heating			316 N. F. Street	Lompoc	93436	922-6100
Anderson Plumbing			513 East Chestnut	Lompoc	93436	683-6133
Nipomo/Arroyo Grande/Grover Beach						
Noahs Plumbing			P.O. Box 1100	Arroyo Grande	93421	473-1110
Clay's Septic Service			952 Live Oak Ridge	Nipomo	93444	925-6686
Associated Backflow Service			P.O. Box 6971	Arroyo Grande	93420	459-8809
Power Plumbing			755 Buckley Rd. Suite B	San Luis Obispo	93401	541-2444

Questions call Jaime Vidales @Water Dept. at 805 356-3890.

Please Correct or Complete the Information Below: (Serial # to be completed each test)

Name Wilkins, Bern Type 975XL Model 3/4 Serial# 846554 Account#

Location: Robobank

Date Mailed: May 1st 2010

905 Guadalupe St.

Return to:
Water Department
918 Obispo
Guadalupe, CA 93434

Completed test form due in our office by:

May 1st 2010

PLEASE RETURN COMPLETED REPORT IMMEDIATELY

	Reduced Pressure Principle Assembly				Pressure Vacuum Breaker		
	Double Check Valve Assembly		Diff. Pres. Relief Valve		Air Inlet	Check Valve	
	Check Valve #1	Check Valve #2	Differential (2PSI Min)	Opened at			
Initial Test	PSID Leaked <input type="checkbox"/>	PSID Held at <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID Opened at <input type="checkbox"/> Did Not Open <input type="checkbox"/>	PSID Cleaned <input type="checkbox"/> Replaced Disc <input type="checkbox"/>	PSID Opened at <input type="checkbox"/> Did Not Open <input type="checkbox"/>	PSID Held at <input type="checkbox"/> Leaked <input type="checkbox"/>	
Repairs and Materials Used	Cleaned <input type="checkbox"/> Replaced Disc <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced Disc <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced Disc <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced Disc <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced Disc <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced Disc <input type="checkbox"/>	
	Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Guide <input type="checkbox"/>	Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Guide <input type="checkbox"/>	Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Large: Upper <input type="checkbox"/> Lower <input type="checkbox"/>	Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Large: Upper <input type="checkbox"/> Lower <input type="checkbox"/>	Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Large: Upper <input type="checkbox"/> Lower <input type="checkbox"/>	Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Large: Upper <input type="checkbox"/> Lower <input type="checkbox"/>	Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Large: Upper <input type="checkbox"/> Lower <input type="checkbox"/>
	Pin. Ret. <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Other <input type="checkbox"/>	Pin. Ret. <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Other <input type="checkbox"/>	Small <input type="checkbox"/> Seat <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spacer <input type="checkbox"/>	Small <input type="checkbox"/> Seat <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spacer <input type="checkbox"/>	Small <input type="checkbox"/> Seat <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spacer <input type="checkbox"/>	Small <input type="checkbox"/> Seat <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spacer <input type="checkbox"/>	Small <input type="checkbox"/> Seat <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spacer <input type="checkbox"/>
	Shut-off Valve <input type="checkbox"/>	Shut-off Valve <input type="checkbox"/>	Shut-off Valve <input type="checkbox"/>	Shut-off Valve <input type="checkbox"/>	Shut-off Valve <input type="checkbox"/>	Shut-off Valve <input type="checkbox"/>	Shut-off Valve <input type="checkbox"/>
	PSID	PSID	PSID	PSID	PSID	PSID	PSID
Test After Repair	PSID	Closed Tight <input type="checkbox"/> PSID	Opened at <input type="checkbox"/> PSID	Opened at <input type="checkbox"/> PSID	Opened at <input type="checkbox"/> PSID	Held at <input type="checkbox"/> PSID	

COMMENTS:

INITIAL TEST	
Date <input type="checkbox"/> Test By (Signature) <input type="checkbox"/>	Certified Tester No. <input type="checkbox"/> Print Name <input type="checkbox"/>
REPAIR Date <input type="checkbox"/> Test By (Signature) <input type="checkbox"/>	
Certified Tester No. <input type="checkbox"/> Print Name <input type="checkbox"/>	
FINAL TEST	
Date <input type="checkbox"/> Test By (Signature) <input type="checkbox"/>	Certified Tester No. <input type="checkbox"/> Print Name <input type="checkbox"/>