### COUNTY OF SAN LUIS OBISPO HEALTH AGENCY



# Public Health Department

Jeff Hamm Health Agency Director Penny Borenstein, M.D., M.P.H. Health Officer



### NOTICE TO TEST BACKFLOW PREVENTION DEVICE

The backflow prevention device described on the attached test and maintenance report has been installed on premises owned or controlled by you for the protection of the public water supply.

Under requirements of the California Code of Regulations and the San Luis Obispo Cross-Connection Control Ordinance No. 1175, you are directed to have this device tested by a person possessing a valid Certificate of Competence issued by the San Luis Obispo County Health officer to determine that it is functioning satisfactorily.

A list of Certified Testers is enclosed. When notifying a Certified Tester, please keep in mind that these test results must be in our office by the date on the form. There are several names on the list to help accommodate your testing deadline. If a Tester cannot get to your job in time to accommodate this deadline, it may be wise to find one who can.

If found defective, the device shall be serviced or replaced without delay. Notify this office prior to removal or replacement of this device. Failure to comply with this notification could result in water termination.

The completed report is to be returned to the parties indicated on the forms and by the date specified.

Please see the backside of this form for a list of Certified Backflow Device Testers in SLO County.

If you have any questions regarding this matter, please call the Cross Connection Section and ask for Molly at (805) 781-5544.

Jon Williams
Cross-Connection Control Specialist

**Enclosures** 

P:EH/EH\_Common/Dcoument/Jon/Cross Connection Notices/First Notice to Test

#### TEST AND MAINTENANCE REPORT SAN LUIS OBISPO COUNTY HEALTH DEPARTMENT

#### **BACKFLOW PREVENTION DEVICE**

	facturer: LKINS	Model: 350DA	Size:	Serial No.: N09450	Service No.: 8019 - 2		Water Dist.:		
L	ocation:			1100 100	Meter No.:		0		
	BANK CAMBR				0				
FIRELIN	NE-1070 MAIN	STREET, CAN	MBRIA						
				Return	n To: San Luis Obisp Cross-Connect	oo County Health I	Department		
	BOBANK N.A.	ATTN: 91490-	11		Install Date: PO Box 1489 12/15/2003 San Luis Obispo, Ca 93406				
	3 MAIN ST			12/13	(805) 781-5544				
EL (	CENTRO		CA 92	2243-	2 Pv: 12/21/20	1.4			
				Ketun	n By: 12/31/20	14			
	Chec	ck No. 1	Check No. 2		Diff Pres. Relief Valve		Air Inlet		
T E	Leaked	( )	Leaked	( )	Opened at	Opened	d at		
S	Closed Tight	( )	Closed Tight	( )	Differential (2 PSI min.) Did not open (				
R E	Cleaned Replaced	( )	Cleaned Replaced	( )		) Cleane			
P	Disc:	( )	Disc:	( )	Replaced Disc: (		Disc: ( )		
A I	Spring Guide	( )	Spring Guide	( )	Spring ( Guide (		Spring ( ) Guide ( )		
R	Seat Other	( )	Seat Other		Seat (	)	Seat ( ) Other ( )		
R			- Ctilei		Offici (		·		
E	Leaked	( )	Leaked	( )	Opened at				
T E	Closed Tight		Closed	, ,	lbs	Opened	( )		
S T	1 igit	( )	Tight	( )	Differential (2 PSI min.)				
	L			/					
Remarks	S:								
NEW D	EVICE INFOR	MATION:	MAKE	MOI	DEL	SIZE	SERIAL #		
							SDRI'IL		
TESTER	RS: NOTE BY	-PASS METER	READING O	N ALL FIRE LINE	BACKFLOW DEVICE	ES ME	TER READING:		
The above	e test has been ma	ade as required by	the California A	administrative Code ar	nd the Data is Certified to	be true. Some test	s will be re-done by this		
	assure accuracy of				Certif No:	Data			
					Certii. No				
	y:				Oct 15 No.		of Test:		
	y:				Сепіт. No.:				
Water Sup	ervisor:								
						Date: _			
For	further in	formation,	please cal	l the Cross-C	onnection Inspe	ection Offic	e (781-5544)		
			-	FOR OFFICE USE			()		
epair and Ro	einspection Require	ed Immediately	(	) Remarks:					
einspection	Required: One Month (	) 6	ix Months (	,					
	Three Months (	,	ne Year (	) .					

### TEST AND MAINTENANCE REPORT SAN LUIS OBISPO COUNTY HEALTH DEPARTMENT

# **BACKFLOW PREVENTION DEVICE**

	LKINS	950	3/4	Serial No.: 1917121	Service 8019 -		Water Dis	st.:
	Location: BANK CAMBRI	A			Meter No.:			
IRELIN	NE BYPASS-107	70 MAIN STR	EET, CAMBRIA	A				
1498	BOBANK N.A. A 8 MAIN ST CENTRO			Insta 1/22	Cross-C PO Box /2007 San Luis (805) 78	onnection Inspe 1489 s Obispo, Ca 93		t
443	Check	c No. 1	Che	eck No. 2	Diff F Relief		Air Inlet	
T E S T	Leaked Closed Tight	( )	Leaked Closed Tight	( )	Opened at  Differential (2 PSI Did not open	lbs min.)	Opened at Did not open	( )
R E P A I R S	Cleaned Replaced Disc: Spring Guide Seat Other	( ) ( ) ( ) ( ) ( )	Cleaned Replaced Disc: Spring Guide Seat Other		Cleaned Replaced Disc: Spring Guide Seat Other	( )	Cleaned Replaced Disc: Spring Guide Seat Other	( ) ( ) ( ) ( ) ( )
R E T E S T	Leaked Closed Tight	( )	Leaked Closed Tight	( )	Opened at  Differential (2 PSI	lbs min.)	Opened	( )
Remarks	S:							
IEW DI	EVICE INFORM	MATION:	MAKE	MC	DDEL	SIZE	SER	IAL#
ESTER	RS: NOTE BY-I	PASS METER	READING ON	ALL FIRE LINE	BACKFLOW DE	EVICES	METER REA	DING:
he above	e test has been mad	de as required by	the California Ad	ministrative Code a	and the Data is Certi			
nce to a	assure accuracy of t	test. Please sign	form, do not print					
	y:				Certii. No		Date:	
	y:				Certif No		of Test:	
	ervisor:						Date:	
							Date:	
For	further info	ormation	nlassa asll	the Chass (	Jammastian I			
1.01	Turther init	ormation,	please call	OR OFFICE USE	Connection I	nspection	Office (781-	-5544)
ir and Re	einspection Required	Immediately	( )					
(	Required: One Month ( ) Three Months ( )		a Months ( )					

# TEST AND MAINTENANCE REPORT SAN LUIS OBISPO COUNTY HEALTH DEPARTMENT

## **BACKFLOW PREVENTION DEVICE**

Service No.:

Water Dist .:

Serial No .:

Manufacturer:

Model:

Size:

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RABOBA 1498 MA EL CENT  T E Clo S T R Cle	ANK N.A. AT  ANK N.A. AT  ANK N.A. AT  Check N  Check N  aked baced	TN: 91490-	CA 9224 Chec Leaked Closed	Inst 12/ 13- Ret	Cross-Cc all Date: PO Box 15/2003 San Luis (805) 78  urn By: 12/  Diff P Relief V	onnection Inspection 1489 6 Obispo, Ca 934 1-5544 31/2014	etion Office			
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T Lea E Clo Tig T Cle	Check Notes that the control of the	0. 1	Chec Leaked Closed	Ret	Diff P Relief V	res.	Air I	nlet		
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	olaced			( )	Differential (2 PSI) Did not open	lbs min.)	Did not open	( )		
E Rer		( )	Cleaned Replaced	( )	Cleaned	( ' )	Cleaned	( )		
P	Disc:	( )	Disc:	( )	Replaced Disc:	( )	Replaced Disc:	( )		
A	Spring Guide	( )	Spring Guide	( )	Spring Guide	( )	Spring	( )		
R S	Seat Other	( )	Seat	( )	Seat	( )	Guide Seat	( )		
	Other	( )	Other	( )	Other	( )	Other	( )		
R E Lea	ked	( )	Looked							
T Clos		( )	Leaked Closed	( )	Opened at	lbs	Opened	( )		
S Tigl	ht	( )	Tight	( )	Differential (2 PSI r		opened	( )		
Remarks:										
						9				
NEW DEVICE INFORMATION:			MAKE	MO	ODEL	SIZE	SERI	SERIAL#		
ESTERS: N	NOTE BY-PA	SS METER	READING ON A	LL FIRE LINE	E BACKFLOW DE	VICES	METER REA	DING:		
The above test has ffice to assure	nas been made a accuracy of test	s required by . Please sign	the California Adm form, do not print.	inistrative Code	and the Data is Certif	ied to be true. S	ome tests will be re-	-done by th		
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epaired by:							f Test:			
Retested by:								Date:		
			2				Date:			
							Date:			
For fur	ther infor	mation	nlease call t	ha Cross (	Connection I					
	mior		FC FC	R OFFICE US	E ONLY					
air and Reinspec	tion Required Imi	mediately	( )	Remarks:						
nspection Require One Me		Siz	x Months ( )							