

**SANTA BARBARA WATER**

625 Laguna St.

Santa Barbara, Ca 93101

Phone: 805.564.5413 Fax: 805.564.5561

**Backflow Prevention Assembly  
Test Report****Service Address Information**

Address: 33 E CARRILLO ST

Company: RABO BANK

City: SANTA BARBARA, CA 93101

Serial #: 2573829

Test Due: 02/15/13

**Mailing Address**

GENERAL SERVICES

(RABOBANK)

P O BOX 6002

ARROYO GRANDE, CA 93421

Serial #: 2573829

Manufacturer: WILKINS

Model: 975XL

Type: RP

Size: 1.250

Hazard #: 1 of 1

**Service Address Information**

Contact: FACILITIES MAINTENANCE

Location: N.E. CORNER GARBAGE BIN.

Reduced Pressure Principle Assembly				
Double Check Valve Assembly				RP <input type="checkbox"/> DCDA <input type="checkbox"/> DC <input type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
<b>Initial Test</b>	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Did not Open <input type="checkbox"/> Opened at _____ PSID	<b>AIR INLET</b> Did not Open <input type="checkbox"/> Opened at _____ PSID
<b>Repairs</b>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	<b>CHECK VALVE</b> Leaked <input type="checkbox"/> Held at _____ PSID  Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>
<b>Details</b>				<b>AIR INLET</b> Opened at _____ PSID <b>CHECK VALVE</b> Held at _____ PSID
<b>Final Test</b>	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	Held at _____ PSID

**Comments**

The above report is certified to be true.	Line Pressure _____
	Meter Reading _____
	Held Backpressure _____
	#2 Shutoff _____
	Relief Valve Exercised _____

	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
<b>Initial Test</b>						<input type="checkbox"/>	<input type="checkbox"/>
<b>Repairs</b>						<input type="checkbox"/>	<input type="checkbox"/>
<b>Final Test</b>						<input type="checkbox"/>	<input type="checkbox"/>



# City of Santa Barbara

## Public Works Department

[www.SantaBarbaraCA.gov](http://www.SantaBarbaraCA.gov)

January 3, 2013

**Test Due: 02/15/2013**

**SUBJECT: NOTIFICATION OF BACKFLOW ASSEMBLY TESTING**

**Main Office**

630 Garden Street  
P.O. Box 1990  
Santa Barbara, CA  
93102-1990

**Administration**

Tel: 805.564.5377  
Fax: 805.897.2613

**Engineering**

Tel: 805.564.5363  
Fax: 805.564.5467

**Facilities**

Tel: 805.564.5415  
Fax: 805.897.2577

**Street Maintenance**

Tel: 805.564.5413  
Fax: 805.897.1991

**Transportation**

Tel: 805.564.5385  
Fax: 805.564.5467

**Water Resources**

Tel: 805.564.5413  
Fax: 805.897.1991

Dear Customer:

As a public water purveyor, the City of Santa Barbara is required by the State of California Department of Health Services to protect the public water system. Part of this responsibility is the operation of a Cross-Connection Program per Title 17 of the California Administrative Code. This program tracks and monitors the installation, maintenance and testing of backflow devices. Examples of uses that require cross connection protection include irrigation meters, hospitals, medical and dental offices, car washes, solar heating systems, swimming pool, etc.

It has come to our attention that the property as listed on our Backflow Prevention Assembly Test Report form requires cross-connection protection. Please arrange to have an approved Backflow Prevention Assembly Test and have the results mailed to the Cross-Connection office by 02/15/2013:

**Attn: Cross-Connection Office  
City of Santa Barbara Water Resources  
P.O. Box 1990  
Santa Barbara, CA 93102-1990**

*Failure to do so may result in termination of water service to this property.*

Enclosed is a list of certified backflow assembly testers, frequently asked questions on backflow prevention assemblies, and a test form to be completed by an approved tester.

Thank you for your cooperation. If you have any questions, or need additional information, please call the City Cross-Connection office at (805) 564-5575 or (805) 564-5406.

Sincerely,

A handwritten signature in blue ink that reads "Peggy Avila".

Peggy Avila  
Cross-Connection Inspector

Enclosures