



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY

Public Health Department

Jeff Hamm
Health Agency Director

Penny Borenstein, M.D., M.P.H.
Health Officer



Public Health
Prevent. Promote. Protect.

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/Document/Jon/Cross Connection Notices/First Notice to Test

**TEST AND MAINTENANCE REPORT
SAN LUIS OBISPO COUNTY HEALTH DEPARTMENT
BACKFLOW PREVENTION DEVICE**

Manufacturer: **WILKINS** Model: **350DA** Size: **4** Serial No.: **N09450** Service No.: **8019 - 2** Water Dist.: **6**

Location:
RABO BANK CAMBRIA
FIRELINE-1070 MAIN STREET, CAMBRIA

Meter No.:
0

RABOBANK N.A. ATTN: 91490-11
1498 MAIN ST
EL CENTRO **CA** **92243-**

Return To: **San Luis Obispo County Health Department**
Cross-Connection Inspection Office
Install Date: **PO Box 1489**
12/15/2003 **San Luis Obispo, Ca 93406**
(805) 781-5544

Return By: **12/31/2014**

	Check No. 1	Check No. 2	Diff Pres. Relief Valve	Air Inlet
T E S T	Leaked () Closed () Tight ()	Leaked () Closed () Tight ()	Opened at _____ lbs Differential (2 PSI min.) Did not open ()	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 _____ lbs Differential (2 PSI min.)	Opened ()

Remarks: _____

NEW DEVICE INFORMATION: **MAKE** **MODEL** **SIZE** **SERIAL #**

TESTERS: NOTE BY-PASS METER READING ON ALL FIRE LINE BACKFLOW DEVICES **METER READING:**

The above test has been made as required by the California Administrative Code and the Data is Certified to be true. Some tests will be re-done by this office to assure accuracy of test. Please sign form, do not print.

Tested by: _____

Certif. No.: _____ Date: _____

Repaired by: _____

Date of Test: _____

Retested by: _____

Certif. No.: _____ Date: _____

Water Supervisor: _____

Date: _____

Date: _____

For further information, please call the Cross-Connection Inspection Office (781-5544)

FOR OFFICE USE ONLY

Repair and Reinspection Required Immediately () Remarks: _____

Reinspection Required:

One Month () Six Months ()
Three Months () One Year ()

Manufacturer:	Model:	Size:	Serial No.:	Service No.:	Water Dist.:
WILKINS	950	3/4	1917121	8019 - 3	6

Meter No.:
0

Return To: San Luis Obispo County Health Department
Cross-Connection Inspection Office
Install Date: PO Box 1489
1/22/2007 San Luis Obispo, Ca 93406
(805) 781-5544

Return By: 12/31/2014

	Check No. 1	Check No. 2	Diff Pres. Relief Valve	Air Inlet
T E S T	Leaked () Closed Tight ()	Leaked () Closed Tight ()	Opened at _____ lbs Differential (2 PSI min.) Did not open ()	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 _____ lbs Differential (2 PSI min.)	Opened ()

Remarks: _____

NEW DEVICE INFORMATION:	MAKE	MODEL	SIZE	SERIAL #
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TESTERS: NOTE BY-PASS METER READING ON ALL FIRE LINE BACKFLOW DEVICES

The above test has been made as required by the California Administrative Code and the Data is Certified to be true. Some tests will be re-done by this office to assure accuracy of test. Please sign form, do not print.

Tested by: _____ Certif. No.: _____ Date: _____

Repaired by: _____ Date of Test: _____

Retested by: _____ Certif. No.: _____ Date: _____

Water Supervisor: _____ Date: _____

Date: _____

For further information, please call the Cross-Connection Inspection Office (781-5544)

FOR OFFICE USE ONLY

Repair and Reinspection Required Immediately () Remarks:

Reinspection Required:

One Month () Six Months ()
Three Months () One Year ()

TEST AND MAINTENANCE REPORT
SAN LUIS OBISPO COUNTY HEALTH DEPARTMENT
BACKFLOW PREVENTION DEVICE

Manufacturer: WILKINS RP Model: 975XL Size: 1 1/2 Serial No.: W062814 Service No.: 8019 - 1 Water Dist.: 6
 Location: RABO BANK CAMBRIA Meter No.: 0
 1070 MAIN STREET, CAMBRIA

RABOBANK N.A. ATTN: 91490-11
 1498 MAIN ST
 EL CENTRO

CA 92243-

Return To: San Luis Obispo County Health Department
 Cross-Connection Inspection Office
 PO Box 1489
 San Luis Obispo, Ca 93406
 (805) 781-5544

Return By: 12/31/2014

	Check No. 1	Check No. 2	Diff Pres. Relief Valve	Air Inlet
T E S T	Leaked () Closed () Tight ()	Leaked () Closed () Tight ()	Opened at _____ lbs Differential (2 PSI min.) Did not open ()	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 _____ lbs Differential (2 PSI min.)	Opened ()

Remarks: _____

NEW DEVICE INFORMATION: MAKE MODEL SIZE SERIAL #

TESTERS: NOTE BY-PASS METER READING ON ALL FIRE LINE BACKFLOW DEVICES METER READING:

The above test has been made as required by the California Administrative Code and the Data is Certified to be true. Some tests will be re-done by this office to assure accuracy of test. Please sign form, do not print.

Tested by: _____

Certif. No.: _____ Date: _____

Repaired by: _____

Date of Test: _____

Retested by: _____

Certif. No.: _____ Date: _____

Water Supervisor: _____

Date: _____

Date: _____

For further information, please call the Cross-Connection Inspection Office (781-5544)

FOR OFFICE USE ONLY

Repair and Reinspection Required Immediately

()

Remarks:

Reinspection Required:

One Month ()

Six Months ()

Three Months ()

One Year ()