



# GOLDEN STATE WATER COMPANY

A SUBSIDIARY OF AMERICAN STATE WATER COMPANY

## COASTAL DISTRICT

1140 Los Olivos Ave., Los Osos, California 93402 (805) 528-6157 Fax (805) 528-6442

### BACKFLOW PREVENTION ASSEMBLY TEST & MAINTENANCE REPORT

RABOBANK NA  
ATTN: RNA-92490-01  
PO BOX 6002

DUE DATE: 02/04/10

ARROYO GRANDE CA, 934216002

SYSTEM: ORCUTT  
WATER USE: COM DOM  
METER NO: E3862468

SERVICE LOCATION: SANTA MARIA WAY, 2739

DEVICE LOCATION: AT METER

MFR: WILKINS MODEL: 375 TYPE: RP SIZE: 1"  
SERIAL #: 2720449

#### LINE PRESSURE:

#### TIME:

INITIAL TEST	CHECK VALVE 1 HELD AT _____ PVB _____ RP PRESS DP _____ LEAKED _____	CHECK VALVE 2 HELD AT _____ RP TIGHT _____ LEAKED _____	RELIEF VALVE OPEN _____ PSI DID NOT OPEN _____	AIR INLET OPEN _____ PSI DID NOT OPEN _____
REPAIRS	CLEANED _____ REPLACED _____ DISC _____ O-RING _____ SPRING _____ GUIDE _____ HINGE PIN _____ SEAT _____ MODULE _____ OTHER _____ DESCRIBE: _____	CLEANED _____ REPLACED _____ DISC _____ O-RING _____ SPRING _____ GUIDE _____ HINGE PIN _____ SEAT _____ MODULE _____ OTHER _____ DESCRIBE: _____	CLEANED _____ REPLACED _____ DISC _____ DIAPHRAGM _____ FLOAT _____ SPRING _____ OTHER _____ O-RING(S) _____ MODULE _____ DESCRIBE: _____	CLEANED _____ REPLACED _____ DISC _____ DIAPHRAGM _____ FLOAT _____ SPRING _____ OTHER _____ DESCRIBE: _____
FINAL TEST	CLOSED TIGHT _____	CLOSED TIGHT _____	OPENED AT _____ PSI	OPENED AT _____ PSI

COMMENTS: \_\_\_\_\_

THE ABOVE REPORT IS CERTIFIED TO BE TRUE.

PASS ☐ FAIL ☐

INITIAL TEST (SIGNATURE) PRINT NAME TESTER CERT # DATE

FINAL TEST AFTER REPAIRS PRINT NAME TESTER CERT # DATE

TESTER'S COMPANY NAME

TESTER'S PHONE NUMBER

ONLY CA DEPT OF HEALTH SERVICES APPROVED ASSEMBLIES, SHUT-OFF VALVES, TEST COCKS, PARTS ARE AUTHORIZED FOR USE BY THIS DEPARTMENT. **DO NOT REPLACE ASSEMBLY WITHOUT CONTACTING WATER QUALITY DEPT.**