COUNTY OF SACRAMENTO
ENVIRONMENTAL MANAGEMENT DEPARTMENT
8475 JACKSON RD STE 240
SACRAMENTO CA 95826
(916) 875-8400 Fax: (916) 854-9274

# BACKFLOW ASSEMBLY TEST REPORT

WATER PURVEYOR: CITY
IF APPLICABLE, WATER METER NO.: 10055

**ASSEMBLY INFORMATION**

DEVICE ID: BD0005234 TEST DUE: 01/01/2007
TYPE: RP SIZE: 3.00 MFG: FEB
MODEL: 860 SERIAL NO: 9609161249
☐ REPLACEMENT OLD ASSEMBLY SERIAL NO:
☐ REFERENCE NO.: CITY-241-047
TYPE OF SERVICE: INTERNAL ☐

**FACILITY**

FACILITY ID: FA0023545 SITE PHONE:
BUSINESS NAME: BUZZ OATES ENTERPRISES CITY: SACRAMENTO
SITE ADDRESS: 8670 YOUNGER CREEK DR
LOCATION: S/ECO PROPERTY, 20' E. OF FIRE PUMP HOUSE

**OWNER / MANAGEMENT**

OWNER / CONTACT NAME (ATTN): JOAN HART
MANAGEMENT NAME (C/O): OATES INVESTMENTS
BUSINESS NAME:
MAILING ADDRESS: 980 FULTON AVE
CITY, STATE, & ZIP: SACRAMENTO, CA 95825

## TEST RESULTS INFORMATION

| | DOUBLE CHECK VALVE ASSEMBLY / REDUCED PRESSURE PRINCIPLE ASSEMBLY | | | PRESSURE VACUUM BREAKER | |
|---|---|---|---|---|---|
| | CHECK VALVE NO.1 | CHECK VALVE NO.2 | DIFFERENTIAL RELIEF VALVE | AIR INLET VALVE | CHECK VALVE |
| INITIAL TEST | HELD AT: ____ PSID<br>LEAKED ☐ | HELD AT: ____ PSID<br>CLOSED TIGHT (RP) ☐<br>LEAKED ☐ | OPENED AT: ____ PSID<br>OPENED UNDER 2.0 PSID OR DID NOT OPEN ☑ | OPENED AT: ____ PSID<br>OPENED UNDER 1.0 PSID OR DID NOT OPEN ☐ | HELD AT: ____ PSID<br>LEAKED ☐ |
| REPAIR | 1) CLEANED REPLACED ☐<br>2) DISC ☐<br>3) SPRING ☐<br>4) GUIDE ☐<br>5) SEAT ☐<br>6) MODULE ☐<br>7) OTHER ☐ | 1) CLEANED REPLACED ☐<br>2) DISC ☐<br>3) SPRING ☐<br>4) GUIDE ☐<br>5) SEAT ☐<br>6) MODULE ☐<br>7) OTHER ☐ | 1) CLEANED ☑<br>2) EXERCISED REPLACED: ☑<br>3) DISC(S) ☑<br>4) SPRING ☑<br>5) DIAPHRAGM(S) ☐<br>6) SEAT(S) ☑<br>7) O-RING(S) ☑<br>8) MODULE ☐<br>9) OTHER ☐ | 1) CLEANED REPLACED ☐<br>2) DISC ☐<br>3) DIAPHRAGM ☐<br>4) FLOAT ☐<br>5) OTHER ☐ | 1) CLEANED REPLACED ☐<br>2) DISC ☐<br>3) MODULE ☐<br>4) OTHER ☐ |
| TEST AFTER REPAIR | HELD AT: 8.0 PSID | HELD AT: ____ PSID<br>CLOSED TIGHT (RP) ☑ | OPENED AT: 2.4 PSID | OPENED AT: ____ PSID | HELD AT: ____ PSID |

| INITIAL TEST NO.1 | TEST AFTER REPAIR |
|---|---|
| START TIME: 2:05 | START TIME: |
| END TIME: 2:20 | END TIME: |
| DATE: 1-11-07 | DATE: |

COMMENTS Due 1/1/07
FIRST TEST DID NOT OPEN.

ASSEMBLY: ✓ PASSED FAILED TAG NO: BG 4627
If FAILED, please mail the test report to the County and notify the appropriate water purveyor within 24 hours.

PLEASE MAIL ORIGINAL TO THE COUNTY OFFICE

FREEZE BAG? ☐ FREEZE CAGE? ☐

TESTER NUMBER: 253
PLEASE PRINT YOUR NAME: DREW AUDRA
SIGNATURE: Andrew Audra

THOMAS GUIDE MAP, PAGE-GRID: N/A