BD00022715

COUNTY OF SACRAMENTO
ENVIRONMENTAL MANAGEMENT DEPARTMENT
10590 Armstrong Ave Suite A
MATHER CA 95655
(916) 875-8400 FAX: (916) 854-9274

# BACKFLOW ASSEMBLY TEST REPORT

WATER PURVEYOR: CITY
IF APPLICABLE, WATER METER NO: 162209

ASSEMBLY INFORMATION
TEST DUE: 01/01/2012
DEVICE ID: BD00022715
TYPE: RP SIZE: 4.00 MFG: WIL
MODEL: 375 SERIAL NO: X16740
☐ REPLACEMENT OLD ASSEMBLY SERIAL NO:
☐ REFERENCE NO.: CITY
TYPE OF SERVICE: DOMESTIC INTERNAL ☐

X16740

FACILITY
FACILITY ID: FA0023645 SITE PHONE:
BUSINESS NAME: BUZZ DATES ENTERPRISES CITY: SACRAMENTO ZIP: 95828
SITE ADDRESS: 8870 YOUNGER CREEK DR Suite 170
LOCATION: S CURB

OWNER / MANAGEMENT
OWNER / CONTACT NAME (ATTN): JOHN HART
MANAGEMENT NAME (C/O):
BUSINESS NAME: Oates Investments
MAILING ADDRESS: 900 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: 7.0 PSID<br>LEAKED ☐ | HELD AT: ____ PSID<br>CLOSED TIGHT (RP) ☑<br>LEAKED ☐ | OPENED AT: 2.1 PSID<br>OPENED UNDER 2.0 PSID OR ☐<br>DID NOT OPEN | OPENED AT: ____ PSID<br>OPENED UNDER 1.0 PSID OR ☐<br>DID NOT OPEN | HELD AT: ____ PSID<br>LEAKED ☐ |
| REPAIR | 1) CLEANED ☐<br>REPLACED<br>2) DISC ☐<br>3) SPRING ☐<br>4) GUIDE ☐<br>5) SEAT ☐<br>6) MODULE ☐<br>7) OTHER ☐ | 1) CLEANED ☐<br>REPLACED<br>2) DISC ☐<br>3) SPRING ☐<br>4) GUIDE ☐<br>5) SEAT ☐<br>6) MODULE ☐<br>7) OTHER ☐ | 1) CLEANED ☑<br>2) EXERCISED ☐<br>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 ☐<br>REPLACED<br>2) DISC ☐<br>3) DIAPHRAGM ☐<br>4) FLOAT ☐<br>5) OTHER ☐ | 1) CLEANED ☐<br>REPLACED<br>2) DISC ☐<br>3) MODULE ☐<br>4) OTHER ☐ |
| TEST AFTER REPAIR | HELD AT: ____ PSID | HELD AT: ____ PSID<br>CLOSED TIGHT (RP) ☐ | OPENED AT: ____ PSID | OPENED AT: ____ PSID | HELD AT: ____ PSID |

| INITIAL TEST NO.1 | TEST AFTER REPAIR |
|---|---|
| START TIME: 8:00 | START TIME: |
| END TIME: 8:15 | END TIME: |
| DATE: 3/12/12 | DATE: |

COMMENTS

ASSEMBLY: PASSED FAILED TAG NO: CB 3846

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: 468

PLEASE PRINT YOUR NAME: John Blakely

THOMAS GUIDE MAP, PAGE-GRID: ____

SIGNATURE: [signature]

PLUMBING SERVICE CO.
6400 Elvas Ave., Ste. B
Sacramento, CA 95819
(916) 455-3171



** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **
TIME RECEIVED March 15, 2012 12:41:48 PM PDT
REMOTE CSID PLUMBING SERVICE CO
DURATION 44
PAGES 1
STATUS Received