



~ PLEASE NOTE: THIS IS THE ONLY MAILING YOU WILL RECEIVE REGARDING BACKFLOW TESTING. NEXT NOTICE WILL BE A DOOR HANGER. ~

MM/DD/YYYY

Subject: Annual Backflow Prevention Device Testing

Dear Customer:

It is time again for the annual testing of your Backflow Prevention Device. This testing is in compliance with City Ordinance 1062, which states under section 3.2.6, "It shall be the duty of the customer-user at any premise where backflow prevention devices are installed to have certified inspections and operational tests made at least once per year."

Enclosed is the form(s) for each backflow device; original to be returned to the City. Please complete and return the enclosed testing form(s) no later than, **MONTH, DAY, YEAR.** **The backflow certification and the submitting of form(s) to the City is the responsibility of the customer/property owner. No extensions are allowed, and no separate paper work will be provided by the City.**

Also enclosed for your convenience is a list of **Backflow Prevention Testers** that are certified to test backflow prevention devices in Riverside County. The list is not an all-inclusive list; however it does represent most of the certified testers in the immediate area. Also, please note that the City requires **all** testers be certified to test within the County of Riverside, be current with his/her certification, and **must hold a City business license at the time of testing.** Failure to meet any of these qualifications will mean the complete disqualification of any testing submitted to the City.

Note: all reporting of any test procedures MUST be on a City form to be accepted by this office.

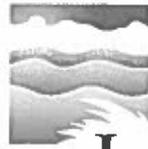
Failure to return the designated testing forms **ON/OR BEFORE MONTH, DAY, YEAR** will lead to your service being discontinued and penalties incurred by the responsible party.

Mail Test Forms To: Water Division / Public Works Department

270 Bissell Place
San Jacinto, CA 92582

If you have any questions regarding this letter, please contact the Water Division at (951) 654-4231.

As a reminder, all testers MUST have a City of San Jacinto Business License; otherwise, the certificate(s) WILL be returned and unaccepted.



SAN
JACINTO

Backflow Testers List

Certification #	City Lic. #	Testers Name	Phone #	Business Name
10-179-09	SJ-06049	Arnold, Lionel	909-213-0755	A-Arnold's Backflow
06-547-03	SJ-02954	Burris, Barry	888-356-9222	B3 Backflow Testing & Repair
PI0000213	SJ-02645	Detwiler, Ross	951-927-5214	Detwiler Backflow Testing
PI0000246	SJ-07786	Dierking, Richard	951-526-5224	Backflow Guy
09-546-03	SJ-05608	Goar, Michael	909-838-6352	MH Goar
PI0000174	SJ-05831	Green, Jim	951-288-4507 F: 927-1420	Jim's Backflow Service
12783	SJ-06245	Hamby, Doug	951-453-0224	Hamby's Backflow Service
02-506-12	SJ-02045	Legerton, Curtis	951-242-3399	Backflow Express
PI0000210	SJ-05856	Michielsen, Tim	951-765-5540	Valle Vista Plumbing
12-640-11	SJ-05793	Nagle, Daniel	909-783-1600	Blue Mountain Backflow
04-223-09	SJ-02059	Ochoa, Sergio	951-780-5289	Ochoa's Backflow Systems
PI0000200	SJ-02086	Ramsey, Adam	951-689-4116	Ramsey Backflow
PI0000064	SJ-02074	Randall, Debbie	951-306-6180 760-364-9130 F: 760-364-2380	DB Backflow
PI0000203	SJ-00000	Kohlmann, Henry	760-723-1835	1 st Choice Backflow
PI0000287	SJ-01895	White, Cliff	909-481-3938 F: 909-481-2938	Dakota Backflow
PI0000278	SJ-00000	John Siliznoff	951-326-9161 Fax: 866-7490943	Alliance Backflow
PI0000349	SJ-08743	Matt Barlow	909-663-4766 F: 877-293-9903	Acute Backflow
PI0000201	SJ-00000	Ryan Spoulding	909-598-7251 F: 909-598-1344	Aqua Backflow & Chlorination
PI0000407	SJ-06692	Robert Smith	909-881-0898 F: 909-881-0897	Basic Backflow

The list is not an all-inclusive list; however it does represent most of the certified testers in the immediate area. Also, please note that the City requires all testers be certified to test within the County of Riverside, be current with his/her certification, and **must hold a City business license the time of testing**. Failure to meet any of these qualifications will mean the complete disqualification of any testing submitted to the City.

NAME:
 Location:
 Vicinity:
 Due Date:

Manufacturer:
 Serial Number:
 Size:

**Reduced Pressure Principle Assembly
 Double Check Valve Assemble**

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
INITIAL TEST	Held @ _____ PSI Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened @ _____ PSI Did Not Open <input type="checkbox"/>	Air Inlet Did Not Open <input type="checkbox"/>
REPAIRS: Give details of repairs made here:	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced	Check Valve Held @ _____ PSI Leaked <input type="checkbox"/>
	_____	_____	_____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
FINAL TEST	_____ PSI	_____ PSI Closed Tight <input type="checkbox"/>	Opened @ _____ PSI	Air Inlet _____ PSI Check Valve _____ PSI

Comments: _____

Initial Test
 Date: _____ Time: _____ Certified Tester #: _____
 Passed: _____ Failed: _____ Test by (Signature): _____
 Print Name: _____ City Business Lic#: _____

Repairs
 Date: _____ Time: _____ Certified Tester#: _____ Repaired by (Sig): _____

Final Test
 Date: _____ Time: _____ Certified Tester #: _____
 Passed: _____ Failed: _____ Test by (Sig): _____