



LOS ANGELES COUNTY ♦ DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH
Bureau of Environmental Protection
Cross-Connection & Water Pollution Control Program
5050 Commerce Drive, Baldwin Park, CA 91706
(626) 430-5420 Fax (626) 813-3016



NOTICE TO TEST BACKFLOW PREVENTION DEVICE

The backflow prevention device described on the reverse of this notice has been installed on premises owned or controlled by you for the protection of the domestic water supply.

Under requirements of the California Code of Regulations (Title 17, Chap. 5 Sec 7605) and the Los Angeles County Public Health Code, you are directed to have this device tested to determine that it is functioning satisfactorily. If found defective, the device shall be serviced or replaced without delay (Title 11 Health & Safety, 11.38.480c).

Under requirements of the California Code of Regulations (Title 17, Chap. 5 Sec 7605) and the Los Angeles County Public Health Code, all backflow prevention device test notices pertaining to this program shall originate from this department. Backflow prevention devices shall be tested at least once each calendar year. The original test notices will be sent to you, the owner of these backflow devices (Title 11 Health & Safety, 11.38.480b). You are solely responsible for the processing and the timely return of the test notice(s) to this department.

Testing must be performed by a person possessing a valid Certificate of Competence issued by the County of Los Angeles Health Officer (Title 11, Health & Safety, 11.38.480a). A list of companies employing Certified Testers is available, upon request, by telephoning (626) 430-5290 or by accessing our web site <http://lapublichealth.org/eh/docs/ehcrossemplist.pdf>.

The completed original test notice ~~must be returned to the address indicated~~ and by the date specified on the reverse of this notice. This is the only test notice you shall receive. To avoid further legal action the completed, original test notice must be returned by the specified date.

Please call this department with any questions you may have in regards to water protection. You may also request a field representative to conduct a survey of your premises to evaluate hazards that may cause a contamination to your domestic water supply by means of a cross-connection (Title 11, Health & Safety, 11.38.380).

Sincerely,

Chief Environmental Health Specialist
Los Angeles County Public Health
Cross Connection & Water Pollution Control Program

BACKFLOW PREVENTION DEVICE FIELD TESTING AND MAINTENANCE REPORT

Owner/Operator Signature Required

<http://apublichealth.org/eh/progs/envirp/ehcross.htm>

Return Original Test Notices Only
Copies or Faxes Not Permitted

RETURN NO LATER THAN:

MANUFACTURER

MODEL

SIZE

SERIAL NUMBER

LOCATION

Water Pressure:

| | CHECK VALVE #1 | CHECK VALVE #2 | DIFFERENTIAL PRESSURE RELIEF VALVE | AIR INLET VALVE |
|--|--|---|--|--|
| INITIAL TEST | CLOSED AT ____ PSID LEAKED <input type="checkbox"/> | CLOSED AT ____ PSID LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> | OPENED AT ____ PSID OPENED UNDER 2# <input type="checkbox"/> OR DID NOT OPEN | OPENED AT ____ PSID OPENED UNDER 1# <input type="checkbox"/> OR DID NOT OPEN |
| REPAIRS | CLEANED <input type="checkbox"/> | CLEANED <input type="checkbox"/> | CLEANED <input type="checkbox"/> | CLEANED <input type="checkbox"/> |
| | REPLACED: | REPLACED: | REPLACED: | REPLACED: |
| | DISC <input type="checkbox"/> | DISC <input type="checkbox"/> | DISC(S) <input type="checkbox"/> | DISC <input type="checkbox"/> |
| | DISC HOLDER <input type="checkbox"/> | DISC HOLDER <input type="checkbox"/> | DISC HOLDER <input type="checkbox"/> | DISC HOLDER <input type="checkbox"/> |
| | SPRING <input type="checkbox"/> | SPRING <input type="checkbox"/> | SPRING <input type="checkbox"/> | SPRING <input type="checkbox"/> |
| | GUIDE <input type="checkbox"/> | GUIDE <input type="checkbox"/> | DIAPHRAGM(S) <input type="checkbox"/> | CANOPY <input type="checkbox"/> |
| | HINGE PIN <input type="checkbox"/> | HINGE PIN <input type="checkbox"/> | SEAT <input type="checkbox"/> | DIAPHRAGM <input type="checkbox"/> |
| | SEAT <input type="checkbox"/> | SEAT <input type="checkbox"/> | O-RINGS <input type="checkbox"/> | O-RINGS <input type="checkbox"/> |
| | O-RINGS <input type="checkbox"/> | O-RINGS <input type="checkbox"/> | MODULE <input type="checkbox"/> | OTHER <input type="checkbox"/> |
| | MODULE <input type="checkbox"/> | MODULE <input type="checkbox"/> | OTHER <input type="checkbox"/> | DESCRIBE: |
| OTHER DESCRIBE: <input type="checkbox"/> | OTHER DESCRIBE: <input type="checkbox"/> | DESCRIBE: | | |
| OTHER REPLACEMENTS: | TESTCOCK #1 <input type="checkbox"/> | TESTCOCK #3 <input type="checkbox"/> | SHUTOFF #1 <input type="checkbox"/> | |
| | TESTCOCK #2 <input type="checkbox"/> | TESTCOCK #4 <input type="checkbox"/> | SHUTOFF #2 <input type="checkbox"/> | |
| FINAL | CLOSED AT ____ PSID | CLOSED AT ____ PSID | OPENED AT ____ PSID | OPENED AT ____ PSID |

Comments:

If device replaced, reason:

- Not repairable
- Parts not available
- Stolen/missing
- Owner request

Check Box(s) if applicable & mail back:

- Business sold
- Device removed - verification needed by Field Inspector
- New ownership/business, test device and update this form below
- Other:

Use blank/generic forms for testing & registering NEW devices; new installations.

TESTING COMPANY

TESTING COMPANY PHONE NUMBER

GAUGE MAKE, MODEL & SERIAL #

CALIBRATION DATE

| | | | | | |
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TESTER #

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WORK PERFORMED

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MO DAY YR Time

WORK PERFORMED

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

INITIAL TEST BY (SIGNATURE) _____ (PRINT NAME)

REPAIRED BY (SIGNATURE) _____ (PRINT NAME)

FINAL TEST BY (SIGNATURE) _____ (PRINT NAME)

I ACKNOWLEDGE RECEIPT OF COMPLETED, ORIGINAL TEST NOTICE:

OWNER/OPERATOR (SIGNATURE) _____ (PRINT NAME) (DATE)

SITE CONTACT

SITE CONTACT PHONE NUMBER

MAIL TO: COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
CROSS-CONNECTION AND WATER POLLUTION CONTROL PROGRAM
5050 COMMERCE DRIVE, RM 116
BALDWIN PARK, CA 91706-1423

ADDRESS / BUSINESS NAME CORRECTION: