

AUG 8 REC'D

PASS
 FAIL

BACKFLOW PREVENTION TEST REPORT

Original Test Due Date: 08/28/16

Current Notice Due Date: 08/28/16

ACCOUNT NO: 1880094

DEVICE ID: 30476

CROWN HARBOR HOA
ALEX FAYMONVILLE
Po Box 650853
Dallas, TX 752650853

DEVICE INFORMATION	
TYPE	REDUCED PRESSURE
SIZE	2 INCH
MFR	FEBCO
MODEL	825Y
SERIAL NUMBER	A224316

CONTACT	ALEX FAYMONVILLE	TITLE	MANAGING AGENT
REMARKS	IF DEVICE FAILS TEST - SITE INSPECTION BY EBMUD REQUIRED BEFORE REPLACING DEVICE.		
SERVICE ADDRESS	1356 CROWN DR ALAMEDA	PHONE (CIS)	(510) 86503003 (999) 490-8587
DEVICE LOCATION	BEHIND SIGN/COR QUEENS & CROWN	SBPR	19

BCC	METER NO.	SIZE	TAP NO.	MAP NO.	THOMAS BROS. MAP (County & page no.)
7950	27000437		A52989	1485 B 466	Old: Cnty AL Page 11 A4 New: Page 669 F1

REPORT OF TEST RESULT

	CHECK VALVE #1 RP & DC ONLY	CHECK VALVE #2 RP & DC ONLY	RELIEF VALVE RP ONLY	AIR INLET AVB + PVB ONLY	SHUT OFF VALVES	
					#1	#2
INITIAL TEST	<input checked="" type="checkbox"/> Held at <u>8.2</u> PSID <input type="checkbox"/> Leaked	<input type="checkbox"/> Held at ___ PSID <input type="checkbox"/> Closed tight - RP <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Opened at <u>2.6</u> PSID <input type="checkbox"/> Did not open	<input type="checkbox"/> Opened at ___ PSID <input type="checkbox"/> Did not open	Closed tight	<input type="checkbox"/> <input checked="" type="checkbox"/>
REPAIRS	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Other* * _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Other* * _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> Other* * _____	Check valve Held at ___ PSID <input type="checkbox"/> Leaked <input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Float <input type="checkbox"/> Other* * _____	CLEANED	<input type="checkbox"/> <input type="checkbox"/>
FINAL TEST	<input type="checkbox"/> Held at ___ PSID	<input type="checkbox"/> Held at ___ PSID <input type="checkbox"/> Closed tight - RP	<input type="checkbox"/> Opened at ___ PSID	Air Inlet ___ PSID Check Valve ___ PSI	Closed tight	<input type="checkbox"/> <input type="checkbox"/>

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

INITIAL TEST BY: <i>Paul Schely</i>	CERTIFICATION NO. <u>10973</u>	DATE <u>08/31/16</u>
REPAIRED BY:		
FINAL TEST BY:		
	Test Kit Serial No. <u>03062299</u>	Calibration check date <u>05/26/16</u>

** Commercial Initial Notice

Mail to:
EAST BAY MUNICIPAL UTILITY DISTRICT
BACKFLOW PREVENTION UNIT (510) 287-0874
Mail Slot #47
P.O. Box 24055
Oakland, CA 94623-1055

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