



Department of Utilities
1750 12th Street
Sarasota, Florida 34236
941-955-2325
FAX 941-365-4840

Wednesday, June 01, 2016

Re: Backflow Prevention Inspection Due

Located at: [REDACTED]

Dear Sir or Madam,

Backflow prevention assemblies within the City of Sarasota are required to be tested on a yearly basis. Our records indicate that we have not received the annual test report on your backflow assembly(s). If you have a previously completed testing of your backflow(s) device, we need to have a copy for our records, please forward a copy of that report or fax it to 941-365-4840.

In order to comply with the City Ordinance 14-5103, backflow prevention assemblies must be tested annually by a certified and licensed backflow tester. Accordingly, you are required to have the assembly tested and a completed test report returned to our office within 30 days from the date of this letter.

If you have any questions, do feel free to contact Mr. Ira Jenkins at the above address or you may phone 941-365-2200 ext. 6289 or email ira.jenkins@sarasotagov.com.

Sincerely,

Richard Wells
Supervisor, Water Distribution

Listed below is the meter registration for the meter that requires a backflow preventer

ServType*: WATER

Meter Reg: [REDACTED]

Backflow Prevention Assembly Test Report

Service Address _____

Location: _____

Mailing Address _____

Site Use: **COMMERCIAL**
Hazard: _____

CCID: _____ Meter#: _____ Service: _____

	Check if Correct	Corrections
Serial #: _____	<input type="checkbox"/>	_____
Manufacturer: WILKINS	<input type="checkbox"/>	_____
Model: _____	<input type="checkbox"/>	_____
Type: RP	<input type="checkbox"/>	_____
Size: 0.75	<input type="checkbox"/>	_____
Orientation: _____	<input type="checkbox"/>	_____
Protection: 000058	<input type="checkbox"/>	_____

Test Due No Later than: 06/30/2016	Existing <input type="checkbox"/>	Removed <input type="checkbox"/>	Commercial <input type="checkbox"/>	Residential <input type="checkbox"/>	Construction <input type="checkbox"/>	Domestic <input type="checkbox"/>	Irrigation <input type="checkbox"/>	Fire <input type="checkbox"/>
	New <input type="checkbox"/>	Replaced <input type="checkbox"/>	Industrial <input type="checkbox"/>					

	Reduced Pressure Principle Assembly				PVB/SVB	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve	
	Check Valve #1	Check Valve #2				
Initial Test	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not open <input type="checkbox"/>	Did not open <input type="checkbox"/>	Leaked <input type="checkbox"/>	Opened Fully <input type="checkbox"/>
Date _____ Time _____	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at ____ PSID	Opened at ____ PSID	Held at ____ PSID	
Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Held at ____ PSID	Held at ____ PSID				
Repairs	Cleaned <input type="checkbox"/>	_____				
Date _____	Rubber Kil <input type="checkbox"/>	_____				
Time _____	Rebuild <input type="checkbox"/>	_____				
	Replaced <input type="checkbox"/>	_____				
	Other <input type="checkbox"/>	_____				
Final Test	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at ____ PSID	Opened at ____ PSID	Opened Fully <input type="checkbox"/>	Held at ____ PSID
Date _____ Time _____	Held at ____ PSID	Held at ____ PSID				
Pass <input type="checkbox"/> Fail <input type="checkbox"/>						
Air Gap	Date _____	Time _____	Diameter _____	Separation _____	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

<p>Comments: _____</p> <p>_____</p> <p>I certify all information on this report is true and accurate, acknowledging that incomplete reports will not be</p> <p>Tester _____ Signature _____</p> <p>Certification # _____ Expire _____ Phone _____</p> <p>Test Kit Serial # _____ Calibration Date _____</p> <p>Company _____ Phone _____</p>	<table style="width: 100%;"> <tr> <td>Proper Installation</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>RV Exercised</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>#2 Shutoff Closed</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Service Restored</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>Line Pressure _____</p> <p>Meter Reading _____</p> <div style="border: 2px solid black; padding: 5px; text-align: center;"> <p>Test Results</p> <p>Pass <input type="checkbox"/> Fail <input type="checkbox"/></p> </div>	Proper Installation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>	#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>	Service Restored	<input type="checkbox"/>	<input type="checkbox"/>
Proper Installation	Yes <input type="checkbox"/>	No <input type="checkbox"/>											
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>											
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>											
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>											



Submit completed Test Report:

City Of Sarasota