

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0112722

Insp Area: 4

Thos Bros:

Sub-Type: NFNDTN

N

Site Address: 2860 GATEWAY OAKS DR SAC

Parcel No: RELATE TO PC #0111274 Housing (Y/N):

CONTRACTOR

DPR
1451 RIVER PARK DR SUITE 210
SACTO, CA. 95815

OWNER

ARCHITECT

Nature of Work: U'GND UTILITIES , U'GND PLUMBING, FIRE LINE AND FINISHED GRADE AND NO ELECTRICAL.

CONSTRUCTION LENDING AGENCY : I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

Lender's Name _____ Lender's Address _____

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class B License Number 599846 Date 10/4/01 Contractor Signature [Signature]

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

____ I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

____ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

____ I am exempt under Sec. _____ B & PC for this reason: _____

Date _____ Owner Signature _____

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 10/04/01 Applicant/Agent Signature [Signature]

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

____ I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

B I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier LUMBERMENS MUTUAL CASUALTY CO. Policy Number 5ba15998800 Exp Date 02/01/2002

____ (This section need not be completed if the penalty is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 10/4/01 Applicant Signature [Signature]

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.



BACKFLOW PREVENTION ASSEMBLY TEST REPORT
SACRAMENTO COUNTY – ENVIRONMENTAL HEALTH DIVISION
 OFFICE (916) 875-8440 • FAX (916) 875-8513

B

WATER CUSTOMER INFORMATION	ASSEMBLY INFORMATION
CUSTOMER NAME: <u>Deanne M. English</u>	TYPE: <u>RP</u> SIZE: <u>2"</u> MFG: <u>Little</u>
BUSINESS NAME: <u>BTV Crown Equities, Inc.</u>	MODEL: <u>009-M2-OT</u> SERIAL NO.: <u>134602</u>
CARE OF (MGMT): _____	<input checked="" type="checkbox"/> EXISTING ⇒ REFERENCE NO.: _____
MAILING ADDRESS: <u>2870 Gateway Oaks Drive, # 110</u>	<input type="checkbox"/> REPLACEMENT ⇒ OLD ASSEMBLY SERIAL NO.: _____
CITY, STATE, ZIP: <u>Sacramento, CA 95833</u>	<input type="checkbox"/> NEW ⇒ PLUMBING PERMIT NO.: _____
PHONE #: (916) 569-1900 X 100	TYPE OF SERVICE: DOMESTIC <input type="checkbox"/> IRRIGATION <input checked="" type="checkbox"/> FIRE <input type="checkbox"/>
<input type="checkbox"/> MAILING ADDRESS CORRECTION REQUESTED	

SERVICE ADDRESS: For Future 2850 & 2860 Gateway Oaks Drive CITY: Sac, CA
 WATER PURVEYOR: City of Sacramento IF APPLICABLE, METER NO.: 02851-M
 ASSEMBLY LOCATION: Grass area in front of future buildings, at back of sidewalk.
(Please use dimensions and reference – Lot Lines, Property Lines, Curb, or other permanent features.)
 INTERNAL *(Please provide location, name of room, room number, unit number, or suite number if the device is an internal assembly.)*

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
	HELD AT: _____ PSID	HELD AT: _____ PSID	OPENED AT: _____ PSID	OPENED AT: _____ PSID	OPENED AT: _____ PSID	HELD AT: _____ PSID
INITIAL TEST	LEAKED <input type="checkbox"/>	CLOSED TIGHT (RP) <input type="checkbox"/>	OPENED UNDER 2.0 PSID OR DID NOT OPEN <input type="checkbox"/>	OPENED UNDER 1.0 PSID OR DID NOT OPEN <input type="checkbox"/>	LEAKED <input type="checkbox"/>	
REPAIR	1) CLEANED <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) EXERCISED <input type="checkbox"/> 3) DISC(S) <input type="checkbox"/> 4) SPRING <input type="checkbox"/> 5) DIAPHRAGM(S) <input type="checkbox"/> 6) SEAT(S) <input type="checkbox"/> 7) O-RING(S) <input type="checkbox"/> 8) MODULE <input type="checkbox"/> 9) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) DIAPHRAGM <input type="checkbox"/> 4) FLOAT <input type="checkbox"/> 5) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) MODULE <input type="checkbox"/> 4) OTHER <input type="checkbox"/>	
TEST AFTER REPAIR	HELD AT: _____ PSID	HELD AT: _____ PSID	OPENED AT: _____ PSID	OPENED AT: _____ PSID	HELD AT: _____ PSID	

INITIAL TEST	TEST AFTER REPAIR
START TIME: <u>09:45 AM</u>	START TIME: _____
END TIME: <u>02:50 PM</u>	END TIME: _____
DATE: <u>06/29/2002</u>	DATE: _____

COMMENTS: Passed annual test.

ASSEMBLY: PASSED FAILED TAG NO.: AK-09787
 If FAILED, please mail the test report to the County and notify the appropriate water purveyor within 24 hours!

MAIL ORIGINAL TO: ATTN: CROSS-CONNECTION CONTROL
 COUNTY OF SACRAMENTO
 ENVIRONMENTAL HEALTH DIVISION
 8475 JACKSON ROAD, SUITE 240
 SACRAMENTO CA 95826-3904

SAC. COUNTY TESTER NO.: 101 / 01201
 PLEASE PRINT YOUR NAME: R. Lee Lawrence
 SIGNATURE: (916) 635-7486



BACKFLOW PREVENTION ASSEMBLY TEST REPORT
SACRAMENTO COUNTY – ENVIRONMENTAL HEALTH DIVISION
 OFFICE (916) 875-8440 • FAX (916) 875-8513

A

WATER CUSTOMER INFORMATION	ASSEMBLY INFORMATION
CUSTOMER NAME: <u>Keanne M. English</u>	TYPE: <u>RP</u> SIZE: <u>2"</u> MFG: <u>Watts</u>
BUSINESS NAME: <u>BTV Crown Equities, Inc.</u>	MODEL: <u>009-12-Q1</u> SERIAL NO.: <u>134601</u>
CARE OF (MGMT): _____	<input checked="" type="checkbox"/> EXISTING ⇒ REFERENCE NO.: _____
MAILING ADDRESS: <u>2870 Gateway Oaks Drive, # 110</u>	<input type="checkbox"/> REPLACEMENT ⇒ OLD ASSEMBLY SERIAL NO.: _____
CITY, STATE, ZIP: <u>Sacramento, CA 95833</u>	<input type="checkbox"/> NEW ⇒ PLUMBING PERMIT NO.: _____
PHONE #: <u>(916) 569-1900 X 100</u>	TYPE OF SERVICE: DOMESTIC <input type="checkbox"/> IRRIGATION <input checked="" type="checkbox"/> FIRE <input type="checkbox"/>

MAILING ADDRESS CORRECTION REQUESTED

SERVICE ADDRESS: For future sites 2850 & 2860 Gateway oaks Drive CITY: Sacramento, CA
 WATER PURVEYOR: City of Sacramento IF APPLICABLE, METER NO.: 02850-11
 ASSEMBLY LOCATION: Grass area in front of property behind sidewalk on irrigation for future building
(Please use dimensions and reference - Lot Lines, Property Lines, Curb, or other permanent features.)

INTERNAL *(Please provide location, name of room, room number, unit number, or suite number if the device is an internal assembly.)*

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: <u>9.2</u> PSID LEAKED <input type="checkbox"/>	HELD AT: _____ PSID CLOSED TIGHT (RP) <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/>	OPENED AT: <u>3.0</u> PSID OPENED UNDER 2.0 PSID OR DID NOT OPEN <input type="checkbox"/>	OPENED AT: _____ PSID OPENED UNDER 1.0 PSID OR DID NOT OPEN <input type="checkbox"/>	HELD AT: _____ PSID LEAKED <input type="checkbox"/>
REPAIR	1) CLEANED <input checked="" type="checkbox"/> REPLACED: _____ 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: _____ 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) EXERCISED <input type="checkbox"/> REPLACED: _____ 3) DISC(S) <input type="checkbox"/> 4) SPRING <input type="checkbox"/> 5) DIAPHRAGM(S) <input type="checkbox"/> 6) SEAT(S) <input type="checkbox"/> 7) O-RING(S) <input type="checkbox"/> 8) MODULE <input type="checkbox"/> 9) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: _____ 2) DISC <input type="checkbox"/> 3) DIAPHRAGM <input type="checkbox"/> 4) FLOAT <input type="checkbox"/> 5) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: _____ 2) DISC <input type="checkbox"/> 3) MODULE <input type="checkbox"/> 4) OTHER <input type="checkbox"/>	
TEST AFTER REPAIR	HELD AT: _____ PSID	HELD AT: _____ PSID CLOSED TIGHT (RP) <input type="checkbox"/>	OPENED AT: <u>3.0</u> PSID	OPENED AT: <u>3.0</u> PSID	HELD AT: _____ PSID	

INITIAL TEST	TEST AFTER REPAIR
START TIME: <u>09:50 AM</u>	START TIME: _____
END TIME: <u>09:55 AM</u>	END TIME: _____
DATE: <u>06/29/2002</u>	DATE: _____

COMMENTS: Passed annual test.
1345 5740 600
134 5740 600

ASSEMBLY: PASSED FAILED TAG NO.: AK-09780
 If FAILED, please mail the test report to the County and notify the appropriate water purveyor within 24 hours!

MAIL ORIGINAL TO:
 ATTN: CROSS-CONNECTION CONTROL
 COUNTY OF SACRAMENTO
 ENVIRONMENTAL HEALTH DIVISION
 8475 JACKSON ROAD, SUITE 240
 SACRAMENTO CA 95826-3904

SAC. COUNTY TESTER NO.: 101 / 01201
 PLEASE PRINT YOUR NAME: R. Leo Lawrence
 (916) 635-7486
 SIGNATURE: R. Leo Lawrence



BACKFLOW PREVENTION ASSEMBLY TEST REPORT
SACRAMENTO COUNTY – ENVIRONMENTAL HEALTH DIVISION
 OFFICE (916) 875-8440 • FAX (916) 875-8513

DA

WATER CUSTOMER INFORMATION	ASSEMBLY INFORMATION
CUSTOMER NAME: <u>Deanne M. English</u>	TYPE: <u>RP</u> SIZE: <u>3"</u> MFG: <u>AMES</u>
BUSINESS NAME: <u>BTV Crown Equities, Inc.</u>	MODEL: <u>4000-SS</u> SERIAL NO.: <u>101719</u>
CARE OF (MGMT): _____	<input checked="" type="checkbox"/> EXISTING ⇒ REFERENCE NO.: _____
MAILING ADDRESS: <u>2870 Gateway Oaks Drive, # 110</u>	<input type="checkbox"/> REPLACEMENT ⇒ OLD ASSEMBLY SERIAL NO.: _____
CITY, STATE, ZIP: <u>Sacramento, CA 95833</u>	<input type="checkbox"/> NEW ⇒ PLUMBING PERMIT NO.: _____
PHONE #: <u>(916) 569-1900 X 100</u>	TYPE OF SERVICE: DOMESTIC <input checked="" type="checkbox"/> IRRIGATION <input type="checkbox"/> FIRE <input type="checkbox"/>
<input type="checkbox"/> MAILING ADDRESS CORRECTION REQUESTED	

SERVICE ADDRESS: 2850, 2860 & 2870 Gateway Oaks Drive CITY: 12810-M Sac, CA

WATER PURVEYOR: City of Sacramento IF APPLICABLE, METER NO.: 12810-M

ASSEMBLY LOCATION: Grass area in front of property behind sidewalk.
(Please use dimensions and reference – Lot Lines, Property Lines, Curb, or other permanent features.)

INTERNAL *(Please provide location, name of room, room number, unit number, or suite number if the device is an internal assembly.)*

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: <u>8.0</u> PSID LEAKED <input type="checkbox"/>	HELD AT: _____ PSID CLOSED TIGHT (RP) <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/>	OPENED AT: <u>7.8</u> PSID OPENED UNDER 2.0 PSID OR DID NOT OPEN <input type="checkbox"/>	OPENED AT: _____ PSID OPENED UNDER 1.0 PSID OR DID NOT OPEN <input type="checkbox"/>	HELD AT: _____ PSID LEAKED <input type="checkbox"/>
REPAIR	1) CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) EXERCISED <input type="checkbox"/> REPLACED: <input type="checkbox"/> 3) DISC(S) <input type="checkbox"/> 4) SPRING <input type="checkbox"/> 5) DIAPHRAGM(S) <input type="checkbox"/> 6) SEAT(S) <input type="checkbox"/> 7) O-RING(S) <input type="checkbox"/> 8) MODULE <input type="checkbox"/> 9) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) DIAPHRAGM <input type="checkbox"/> 4) FLOAT <input type="checkbox"/> 5) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) MODULE <input type="checkbox"/> 4) OTHER <input type="checkbox"/>
TEST AFTER REPAIR	HELD AT: _____ PSID	HELD AT: _____ PSID CLOSED TIGHT (RP) <input type="checkbox"/>	OPENED AT: _____ PSID	OPENED AT: _____ PSID	HELD AT: _____ PSID

INITIAL TEST	TEST AFTER REPAIR
START TIME: <u>09:55 am</u>	START TIME: _____
END TIME: <u>10:00 am</u>	END TIME: _____
DATE: <u>06/29/2002</u>	DATE: _____

COMMENTS: Passed annual test.

ASSEMBLY: PASSED FAILED TAG NO.: AK-09789
 If FAILED, please mail the test report to the County and notify the appropriate water purveyor within 24 hours!

MAIL ORIGINAL TO:
 ATTN: CROSS-CONNECTION CONTROL
 COUNTY OF SACRAMENTO
 ENVIRONMENTAL HEALTH DIVISION
 8475 JACKSON ROAD, SUITE 240
 SACRAMENTO CA 95826-3904

SAC. COUNTY TESTER NO.: 101 / 01201
 PLEASE PRINT YOUR NAME: R. Lee Lawrence
 SIGNATURE: (916) 635-7486
R. Lee Lawrence



BACKFLOW PREVENTION ASSEMBLY TEST REPORT
SACRAMENTO COUNTY – ENVIRONMENTAL HEALTH DIVISION
 OFFICE (916) 875-8440 • FAX (916) 875-8513

CLA

WATER CUSTOMER INFORMATION	ASSEMBLY INFORMATION
CUSTOMER NAME: <u>Deanna M. English</u>	TYPE: <u>DC</u> SIZE: <u>9"</u> MFG: <u>Arcas</u>
BUSINESS NAME: <u>BTV Crown Equities, Inc.</u>	MODEL: <u>2000-SS</u> SERIAL NO.: <u>2D01305</u>
CARE OF (MGMT): _____	<input checked="" type="checkbox"/> EXISTING ⇒ REFERENCE NO.: _____
MAILING ADDRESS: <u>2870 Gateway Oaks Drive, # 110</u>	<input type="checkbox"/> REPLACEMENT ⇒ OLD ASSEMBLY SERIAL NO.: _____
CITY, STATE, ZIP: <u>Sacramento, CA 95833</u>	<input type="checkbox"/> NEW ⇒ PLUMBING PERMIT NO.: _____
PHONE #: <u>(916) 569-1900 X 100</u>	TYPE OF SERVICE: DOMESTIC <input type="checkbox"/> IRRIGATION <input type="checkbox"/> FIRE <input checked="" type="checkbox"/>
<input type="checkbox"/> MAILING ADDRESS CORRECTION REQUESTED	

SERVICE ADDRESS: 2850, 2860 & 2870 Gateway Oaks Drive CITY: Sac, CA

WATER PURVEYOR: City of Sacramento IF APPLICABLE, METER NO.: Fire Service no by pass

ASSEMBLY LOCATION: Grass area in front of property behind sidewalk.
(Please use dimensions and reference – Lot Lines, Property Lines, Curb, or other permanent features.)

INTERNAL
(Please provide location, name of room, room number, unit number, or suite number if the device is an internal assembly.)

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: <u>3.0</u> PSID LEAKED <input type="checkbox"/>	HELD AT: <u>2.4</u> PSID CLOSED TIGHT (RP) <input type="checkbox"/> LEAKED <input type="checkbox"/>	OPENED AT: _____ PSID OPENED UNDER 2.0 PSID OR DID NOT OPEN <input type="checkbox"/>	OPENED AT: _____ PSID OPENED UNDER 1.0 PSID OR DID NOT OPEN <input type="checkbox"/>	HELD AT: _____ PSID LEAKED <input type="checkbox"/>
REPAIR	1) CLEANED <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) EXERCISED <input type="checkbox"/> 3) DISC(S) <input type="checkbox"/> 4) SPRING <input type="checkbox"/> 5) DIAPHRAGM(S) <input type="checkbox"/> 6) SEAT(S) <input type="checkbox"/> 7) O-RING(S) <input type="checkbox"/> 8) MODULE <input type="checkbox"/> 9) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) DIAPHRAGM <input type="checkbox"/> 4) FLOAT <input type="checkbox"/> 5) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) MODULE <input type="checkbox"/> 4) OTHER <input type="checkbox"/>
TEST AFTER REPAIR	HELD AT: _____ PSID	HELD AT: _____ PSID CLOSED TIGHT (RP) <input type="checkbox"/>	OPENED AT: _____ PSID	OPENED AT: _____ PSID	HELD AT: _____ PSID

INITIAL TEST	TEST AFTER REPAIR
START TIME: <u>09:15 am</u>	START TIME: _____
END TIME: <u>09:20 am</u>	END TIME: _____
DATE: <u>07/03/2002</u>	DATE: _____

COMMENTS: Passed annual test.

ASSEMBLY: PASSED FAILED TAG NO.: AK-09800
 If FAILED, please mail the test report to the County and notify the appropriate water purveyor within 24 hours!

MAIL ORIGINAL TO:
 ATTN: CROSS-CONNECTION CONTROL
 COUNTY OF SACRAMENTO
 ENVIRONMENTAL HEALTH DIVISION
 8475 JACKSON ROAD, SUITE 240
 SACRAMENTO CA 95826-3904

SAC. COUNTY TESTER NO.: 101 / 01201
 PLEASE PRINT YOUR NAME: R. Lee Lawrence
 (916) 635-7486
 SIGNATURE: *R. Lee Lawrence*