



12726 Roswell Ave Chino, CA 91710
909 627-2697 Fax: 909 591-1243

July 15, 2025

Hello Cibola!

I will be in town to do the annual backflow testing August 1st thru October 31st. Please take advantage of this time frame as cost to test may be more if a special trip is required. Cost to test (pass or fail) will be \$55.00 COD, or prepaid in advance. This includes filing paperwork with the water company and any follow up needed.

Please return or submit the online form with your payment & I'll do the rest. To schedule your test with COD payment, contact 909 627-2697, email me at mike@d-r-plumbing.com or mail to D & R Plumbing 12726 Roswell Ave Chino, CA 91710. Be sure to provide the information below as it appears on your water bill and payment.

The backflow preventers in Cibola are starting to need work. In an effort to keep costs down, expedite repairs and save you money, I have attached a price list on page 2 for repairs if needed at the time of testing. These prices are only valid at time of testing. If you choose not to pre- approve repairs, cost to repair will be higher. If the device is not serviceable, I will contact you for approval prior to replacement.

Try our online form at: <https://d-r-plumbing.com/cibola/>

Water account # _____ **REQUIRED BY THE WATER COMPANY**

Name: _____ **Ph#:** _____

Mailing Address: _____

City: _____ **State** _____ **Zip Code:** _____

Service Address (backflow location) _____

Email address: _____

Please Provide applicable payment info:

Payment methods: ☐ Cash ☐ Check ☐ Venmo (@drplbg)
 ☐ Zelle (909 9171464) ☐ Credit card (\$3.00 fee applies)

See back of page to pre approve repairs if needed



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Common Repair Costs

Clean & retest.....\$90.00
Clean, rebuild, & retest 975XL 1" or 3/4 device.....\$255.00
If seats are needed add\$45.00 per seat
Brass Test cock replacement.....\$28.00 ea

If 3/4 or 1" device is not serviceable and needs replacement...\$1475.00.
I Will contact you prior to replacement, to get formal approval.

Pre- Approval: (only if repairs are needed)

I hereby approve the above repairs if deemed as needed by the test results of the initial test. Repair costs will be billed and due upon completion of repairs. I will be contact you for approval prior to commencement of work if device needs to be replaced. Please provide payment info.

Print Clearly

Approved By:_____

Print Name:_____

Ph:_____