

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 610 Broadmoor Zip: 42545
 Business Name: Dr. Michael Carpenter Dental Office
 Contact Person: Dr. Michael Carpenter Title: Owner
 Phone Number: _____ Date of Test: 11-26-99

DEVICE INFORMATION

Type (circle one) **RP** DC VB RPDA DCDA
 Manf/Model: Wilkins 975XL Size: 1" Serial No.: 794355
 Location of Device: Mech Room

Type of Test: Differential Gauge Sight Tube

Outlet Valve	Reduced Pressure Assembly		Pressure Vacuum Breaker		
	Double Check Valve		Relief Valve	Air Inlet	Check Valve
Failed <input type="checkbox"/>	1st Check	2nd Check			
Test Results	DC _____ psi <u>Apparent</u> RP <u>9.2</u> psi <u>Actual</u> RP <u>7.4</u> psi	DC _____ psi	Opened at <u>4</u> psi Did Not Open <input type="checkbox"/>	Opened at _____ psi Did Not Open <input type="checkbox"/>	Held at _____ psi Leaked <input type="checkbox"/>
Date: <u>11-24-99</u>	Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>
Repairs & Materials					
Test After Repairs	DC _____ psi RP _____ psi	DC _____ psi RP _____ psi	Opened At _____ psi Did Not Open <input type="checkbox"/>	Opened At _____ psi Did Not Open <input type="checkbox"/>	Held At _____ psi Leaked <input type="checkbox"/>
Date:	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>

Tester Signature: Brian Tull Certification No. 511
 Owner/Representative Signature: [Signature]