

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 15-499 Co. Rd. P Zip: 43545  
 Business Name: Henry Co. Garage  
 Contact Person: Denny Richard Title: Mechanic II  
 Phone Number: 592-5946 Date of Test: 4-9-98

### DEVICE INFORMATION

Type (circle one)      **RP**      **DC**      **VB**      **RPDA**      **DCDA**  
 Manf/Model: 007 M I      Size: 2"      Serial No.: 33603  
 Location of Device: Store Room S.W. Corner  
 Type of Test:      Differential Gauge       Sight Tube

Outlet Valve	Reduced Pressure Assembly		Pressure Vacuum Breaker		
	Double Check Valve		Relief Valve	Air Inlet	Check Valve
Holding <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	1st Check	2nd Check			
Test Results	DC <u>7</u> psi	DC <u>7</u> psi	Opened at _____ psi	Opened at _____ psi	Held at _____ psi
	<u>Apparent</u> RP _____ psi <u>Actual</u> RP _____ psi		Did Not Open <input type="checkbox"/> Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/> Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Date: <u>4-9-98</u>	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"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>
Repairs & Materials					
Test After Repairs	DC _____ psi	DC _____ psi	Opened At _____ psi	Opened At _____ psi	Held At _____ psi
	RP _____ psi	RP _____ psi	Did Not Open <input type="checkbox"/> Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/> Open <input type="checkbox"/>	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 Telford Certification No. 611  
 Owner/Representative Signature: Denny Richard

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 15499 Co. Rd. P Zip: 43345  
 Business Name: Henry Co. Garage  
 Contact Person: Dennie Richards Title: Mechanic  
 Phone Number: 592-5946 Date of Test: 8-26-99

### DEVICE INFORMATION

Type (circle one)      RP      **BC**      VB      RPDA      DCDA  
 Manf/Model: Watts C07MIQT      Size: 2"      Serial No.: 33603  
 Location of Device: in Room S.W. Corner of bldg. on South Wall  
 Type of Test:      Differential Gauge       Sight Tube

Outlet Valve	Reduced Pressure Assembly		Pressure Vacuum Breaker		
	Double Check Valve		Relief Valve	Air Inlet	Check Valve
Holding <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	1st Check	2nd Check			
Test Results: <u>Pass</u>  Date: <u>8-26-99</u>	DC <u>10</u> psi  <u>Apparent</u> RP _____ psi <u>Actual</u> RP _____ psi	DC <u>10</u> 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"/>
	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"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>
Repairs & Materials					
Test After Repairs  Date:	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"/>
	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 Jeff      Certification No. 611  
 Owner/Representative Signature: Sammy Hochberger