

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 600 Filmore Zip: 43545
 Business Name: B+B molded Plastic
 Contact Person: Jeff Merrill Title: Owner
 Phone Number: 592-8700 Date of Test: 3-31-99

DEVICE INFORMATION

Type (circle one) **(RP)** DC VB RPDA DCDA
 Manf/Model Wilkins 975 XL Size: 2" Serial No.: 742203
 Location of Device: Maintenance Room West wall bottom Daniel
 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 PASS Date: 3-31-99	DC _____ psi <u>Apparent</u> RP <u>4.0</u> psi <u>Actual</u> RP <u>4.0</u> psi	DC _____ psi	Opened at <u>3.2</u> 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 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 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: Daniel B. Brown Certification No. 528
 Owner/Representative Signature: Wall Hardy 3/31/99

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 Contact Person: Jeff Morail Title: Owner
 Phone Number: 592-8700 Date of Test: 3-31-99

DEVICE INFORMATION

Type (circle one) RP DC VB RPDA DCDA
 Manf/Model: W. Kings 975XL Size: 2" Serial No.: 742202
 Location of Device: Maintenance Room West Wall Top device
 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>3-31-99</u>	DC _____ psi <u>Apparent</u> RP <u>5.6</u> psi <u>Actual</u> RP <u>6.0</u> psi	DC _____ psi	Opened at <u>4.2</u> 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 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 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: Daniel R. Brown Certification No. 528
 Owner/Representative Signature: Walt Hardy 3/31/99