

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 600 Filmore Zip: 43545  
 Business Name: B+B molded plastics  
 Contact Person: Jeff Marrell Title: Owner  
 Phone Number: 592-8700 Date of Test: 2-8-01

### 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 Lower unit  
 Type of Test: Differential Gauge  Sight Tube

| Outlet Valve  | Reduced Pressure Assembly  |  | Pressure Vacuum Breaker   |   |   |
|---|--|--|---|---|---|
|   | Double Check Valve   |  | Relief Valve  | Air Inlet   | Check Valve   |
|   | 1st Check  | 2nd Check  |   |   |   |
| Holding <input checked="" type="checkbox"/><br>Failed <input type="checkbox"/>  | DC _____ psi   | DC _____ psi   | Opened at _____ psi   | Opened at _____ psi   | Held at _____ psi   |
| Test Results<br><span style="font-size: 2em; font-weight: bold; transform: rotate(-90deg); display: inline-block;">PASS</span><br>Date: <u>2-8-01</u> | <u>Apparent</u><br>RP _____ psi                                  |  | Did Not Open <input type="checkbox"/>                                       | Did Not Open <input type="checkbox"/>                                       | Leaked <input type="checkbox"/>   |
|   | <u>Actual</u><br>RP _____ psi                                    |  | Pass <input checked="" type="checkbox"/><br>Failed <input type="checkbox"/> | Pass <input checked="" type="checkbox"/><br>Failed <input type="checkbox"/> | Pass <input checked="" type="checkbox"/><br>Failed <input type="checkbox"/> |
| Repairs & Materials   |  |  |   |   |   |
| Test After Repairs  | DC _____ psi   | DC _____ psi   | Opened At _____ psi   | Opened At _____ psi   | Held At _____ psi   |
| Date:   | RP _____ psi   | RP _____ psi   | Did Not Open <input type="checkbox"/>                                       | Did Not Open <input type="checkbox"/>                                       | Leaked <input type="checkbox"/>   |
|   | Pass <input type="checkbox"/><br>Failed <input type="checkbox"/> | Pass <input type="checkbox"/><br>Failed <input type="checkbox"/> | Pass <input type="checkbox"/><br>Failed <input type="checkbox"/>            | Pass <input type="checkbox"/><br>Failed <input type="checkbox"/>            | Pass <input type="checkbox"/><br>Failed <input type="checkbox"/>            |

Tester Signature: Daniel R. Brown Certification No. 528  
 Owner/Representative Signature: Bernard Galcock

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 600 Filmore Zip: 43345  
 Business Name: R+B molded Plastic's  
 Contact Person: Jeff Marcell Title: Owner  
 Phone Number: 572-8700 Date of Test: 2-8-01

### DEVICE INFORMATION

Type (circle one) **(RP)** DC VB RPDA DCDA  
 Manf/Model: Wilkins 975 XL Size: 2" Serial No.: 742202  
 Location of Device: Maintenance room Top unit  
 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"/> | 1st Check                                | 2nd Check                                |  |                                       |                                 |
| Failed <input type="checkbox"/>             |  |  |  |                                       |                                 |
| Test Results                                | DC _____ psi                             | DC _____ psi                             | Opened at<br><u>4.4</u> psi              | Opened at<br>_____ psi                | Held at<br>_____ psi            |
|   | <u>Apparent</u><br>RP _____ psi          |  | Did Not Open <input type="checkbox"/>    | Did Not Open <input type="checkbox"/> | Leaked <input type="checkbox"/> |
| Date: <u>2-8-01</u>                         | <u>Actual</u><br>RP _____ psi            |  | Pass <input checked="" type="checkbox"/> | Pass <input type="checkbox"/>         | Pass <input type="checkbox"/>   |
|   | Pass <input checked="" type="checkbox"/> | Pass <input checked="" type="checkbox"/> | Failed <input type="checkbox"/>          | Failed <input type="checkbox"/>       | Failed <input type="checkbox"/> |
| Repairs & Materials                         |  |  |  |                                       |                                 |
| Test After Repairs                          | DC _____ psi                             | DC _____ psi                             | Opened At<br>_____ psi                   | Opened At<br>_____ psi                | Held At<br>_____ psi            |
|   | RP _____ psi                             | RP _____ psi                             | Did Not Open <input type="checkbox"/>    | Did Not Open <input type="checkbox"/> | Leaked <input type="checkbox"/> |
| Date:                                       | Pass <input type="checkbox"/>            | Pass <input type="checkbox"/>            | Pass <input type="checkbox"/>            | Pass <input type="checkbox"/>         | Pass <input type="checkbox"/>   |
|   | Failed <input type="checkbox"/>          | Failed <input type="checkbox"/>          | Failed <input type="checkbox"/>          | Failed <input type="checkbox"/>       | Failed <input type="checkbox"/> |

Tester Signature: Daniel R. Bu Certification No. 528  
 Owner/Representative Signature: Bernard Babcock