

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 2400 Glen Arbor Ct. bldg # 3 Zip: 43545
 Business Name: Glen Arbor
 Contact Person: Jack Title: _____
 Phone Number: _____ Date of Test: 4-23-99

DEVICE INFORMATION

Type (circle one) RP ~~DC~~ VB RPDA DCDA
 Manf/Model: 009 m 2 Size: 1 1/2" Serial No.: 35813
 Location of Device: Meter 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
Holding <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	1st Check	2nd Check			
Test Results <u>Pass</u> Date: <u>4-23-99</u>	DC _____ psi <u>Apparent</u> RP <u>8</u> psi <u>Actual</u> RP <u>8.2</u> psi	DC _____ psi	Opened at <u>4.4</u> psi Did Not Open <input type="checkbox"/>	Opened at _____ psi Did Not Open <input type="checkbox"/>	Held at _____ psi Leaked <input type="checkbox"/>
	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 checked="" 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: Robert [Signature] Certification No. 3016

Owner/Representative Signature: [Signature]