

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 2400 Glen Arbor Ct. Welcome Center Zip: 43545
 Business Name: Glen Arbor CTS.
 Contact Person: Jack Hawley Title: Superintendent
 Phone Number: 599-2131 Date of Test: 2-18-99

DEVICE INFORMATION

Type (circle one) **RP** **(DC)** **VB** **RPDA** **DCDA**
 Manf/Model: Watts 007M2 QT Size: 3/4" Serial No.: 83086
 Location of Device: Rear room Welcome Center near furnace
 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>2-18-99</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: Ronald L Fisher Certification No. 2884
 Owner/Representative Signature: J Hawley

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 2400 Glen Arbor Ct. bldg #1 Zip: 43545
 Business Name: Glen Arbors
 Contact Person: JACK HAWLEY Title: Supervisor
 Phone Number: 599-2131 Date of Test: 2-18-99

DEVICE INFORMATION

Type (circle one) **RP** DC VB RPDA DCDA
 Manf/Model Watts CD9 M2 QT Size: 1 1/2" Serial No.: 35819
 Location of Device: under steps in meter closet
 Type of Test Differential Gauge Sight Tube

Outlet Valve Holding <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Reduced Pressure Assembly		Pressure Vacuum Breaker		
	Double Check Valve		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
Test Results <u>Pass</u>	DC _____ psi <u>Apparent</u> RP <u>7.1</u> psi <u>Actual</u> RP <u>7.9</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"/>
Date: <u>2-18-99</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: Randall L. Fisher Certification No. 2884
 Owner/Representative Signature: [Signature]