

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 2400 Glen Arbor Ct. # 5 Zip: 43545
 Business Name: Glen Arbor
 Contact Person: George Schmidt, Bob Oblich Title: Manager
 Phone Number: 592.1114 Date of Test: 7-1-99

DEVICE INFORMATION

Type (circle one) **RP** DC VB RPDA DCDA
 Manf/Model: Watts 009 m2 Size: 1 1/2" Serial No.: 35826
 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"/>	1st Check	2nd Check			
Failed <input type="checkbox"/>					
Test Results <u>Pass</u>	DC _____ psi <u>Apparent</u> RP <u>7.3</u> psi <u>Actual</u> RP <u>7.4</u> psi	DC _____ psi	Opened at _____ psi <u>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"/>
Date: <u>7-1-99</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: Bob Millman Certification No. 3016
 Owner/Representative Signature: Bob Oblich

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 2400 Glen Arbor Ct #6 Zip: 43545
 Business Name: Glen Arbor
 Contact Person: George Schmidt, Bob Ohlrick Title: Manager
 Phone Number: 592-1114 Date of Test: 7-1-99

DEVICE INFORMATION

Type (circle one) **RP** DC VB RPDA DCDA
 Manf/Model: Watts 009 M2 Size: 1 1/2" Serial No.: 35827
 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"/>	1st Check	2nd Check			
Failed <input type="checkbox"/>					
Test Results: <u>Pass</u>	DC _____ psi <u>Apparent</u> RP <u>8.1</u> psi <u>Actual</u> RP <u>8.1</u> psi	DC _____ psi	Opened at _____ psi <u>4.3</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>7-1-99</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: Bob Ohlrick Certification No. 3016
 Owner/Representative Signature: Bob Ohlrick