

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 500 Glenwood Zip: 43545
 Business Name: American Legion "Annex"
 Contact Person: Ed Biesher Title: Clubroom Manager
 Phone Number: 592-5561 Date of Test: 3-31-99

DEVICE INFORMATION

Type (circle one) **RP** **DC** **VB** **RPDA** **DCDA**
 Manf/Model: Watts 007 m2 QT Size: 3/4" Serial No.: 145744

Location of Device: Utility closet near water heater

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"/> Failed <input type="checkbox"/>					
Test Results: <u>Pass</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"/>
Date: <u>3-31-99</u>	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	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: Daniel R Brown Certification No. 528
 Owner/Representative Signature: William Elby

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 500 Glenwood Zip: 43545
 Business Name: American Legion "Main bldg."
 Contact Person: Ed Biesher Title: Clubroom Manager
 Phone Number: 59 - Date of Test: 3-31-99

DEVICE INFORMATION

Type (circle one) **(RP)** DC VB RPDA DCDA
 Manf/Model: Wilkins 975XL Size: 2" Serial No.: 304214
 Location of Device: South wall near fire Sprinkler riser
 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>6.6</u> psi <u>Actual</u> RP <u>6.0</u> psi	DC _____ psi	Opened at <u>2.8</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>3-31-99</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: Daniel R Bu Certification No. 528
 Owner/Representative Signature: William Elmy

City Of Napoleon
FIELD SURVEY FORM

Premises Address: 500 Glenwood Ave Company Name: American Legion Post #300
Contact Name: Floyd Keller Contact Phone No: 592-5561
Service No: 7404 Service Size: 2" Meter No: M650497 Meter Size: 2" Date Installed: 2-25-79
Type of Inspection: Initial Follow-Up Date of Inspection: 2-2-99 Inspector Name: Charlie
Type of Use: Industrial Commercial Residential Water Main Size: 8" System Pressure 65-75 PSI
Type of Service: Domestic Fire Combined Any Other Water Source: Yes No
If Yes, Other Type: Additional City Service Auxiliary Source Interconnected: Yes No

DOMESTIC SYSTEMS

Type of Use: Processing Product Potable Sanitary Irrigation Limited Area Fire
Type of Heating: Forced Air Electric Solar Boilers Chemical Treatment: Yes No
Type of Cooling: Cooling Tower Chiller Chemical Treatment: Yes No Direct Conn: Yes No
Dishwasher: Yes No Eductors: Yes No Garbage Disposal: Yes No Jacuzzi: Yes No
Swimming Pool: Yes No Air Gap at Supply: Yes No Pumps Used: Yes No Capacity

INSPECTOR COMMENTS/DIAGRAMS

7- sinks throughout building not including bathrooms.
4- bathrooms 2 men + 2 women
1- Drinking Fountain in Reception hall
2- Soda fountains w/CO2 1- bar + 1- reception Hall
2- ice makers
Step sink in Janitors Room
2- outside hose bibbs

FIRE PROTECTION SYSTEMS

System Type: Dry Sprinkler Wet Sprinkler Dry Riser Wet Riser Hydrants: Yes No
Hydrants Self-Draining: Yes No Storage Provided: Yes No Antifreeze Legs: Yes No
Auxiliary Water Storage: Yes No Pumps Used: Yes No Capacity: _____ (GPM) Pressure: _____

INSPECTOR COMMENTS/DIAGRAMS

extra outlet valve on bypass @ 2" meter must be removed
2" Zurn-williams R.P.Z.A. in place and sufficient
expansion Tank in place
2" R.P.Z.A. Device needs tested a.s.a.p.

BACKFLOW PREVENTION REQUIREMENTS

need to install a 6" D.C.D.A. on fire line, device can be
picked off approved Backflow Device List.

City Of Napoleon
FIELD SURVEY FORM

(Annex)

Premises Address: 500 Glenwood Ave Company Name: American Legion Post 300
Contact Name: Floyd Keller Contact Phone No: 592-5561
Service No: 8350 Service Size: 1" Meter No: 39332888 Meter Size: 5/8 Date Installed: 3-23-95
Type of Inspection: Initial Follow-Up Date of Inspection: 2-2-99 Inspector Name: Charlie
Type of Use: Industrial Commercial Residential Water Main Size: 8" System Pressure: 65-75 psi
Type of Service: Domestic Fire Combined Any Other Water Source: Yes No
If Yes, Other Type: Additional City Service Auxiliary Source Interconnected: Yes No

DOMESTIC SYSTEMS

Type of Use: Processing Product Potable Sanitary Irrigation Limited Area Fire
Type of Heating: Forced Air Electric Solar Boilers Chemical Treatment: Yes No
Type of Cooling: Cooling Tower Chiller Chemical Treatment: Yes No Direct Conn: Yes No
Dishwasher: Yes No Eductors: Yes No Garbage Disposal: Yes No Jacuzzi: Yes No
Swimming Pool: Yes No Air Gap at Supply: Yes No Pumps Used: Yes No Capacity

INSPECTOR COMMENTS/DIAGRAMS

- 1- Drinking Fountain
- 2- bathrooms men & women
- ~~3- Step Sink w/hose below flood rim~~
- 3- basin kitchen sink w/2 faucets
- Small Hand sink in kitchen

FIRE PROTECTION SYSTEMS

System Type: Dry Sprinkler Wet Sprinkler Dry Riser Wet Riser Hydrants: Yes No
Hydrants Self-Draining: Yes No Storage Provided: Yes No Antifreeze Legs: Yes No
Auxiliary Water Storage: Yes No Pumps Used: Yes No Capacity: _____ (GPM) Pressure: _____

INSPECTOR COMMENTS/DIAGRAMS

- expansion tank in place
- Watts #7 Dual check in place not acceptable, must install a D.C.A. Device off of approved Device list

BACKFLOW PREVENTION REQUIREMENTS

Backflow Devices must be installed Horizontally