

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 522 Hobson Zip: 43545  
 Business Name: Jackson Cleaners  
 Contact Person: Robert Jackson Title: Owner  
 Phone Number: 592-2826 Date of Test: 8-20-99

### DEVICE INFORMATION

Type (circle one) **RP** DC VB RPDA DCDA  
 Manf/Model: Watts 009 QT Size: 1" Serial No.: 67759  
 Location of Device: Northwall boiler room

Type of Test: Differential Gauge  Sight Tube

Outlet Valve	Reduced Pressure Assembly		Pressure Vacuum Breaker		
	Double Check Valve		Relief Valve	Air Inlet	
Holding <input checked="" type="checkbox"/>	1st Check	2nd Check			
Failed <input type="checkbox"/>					
Test Results <u>Pass</u>	DC _____ psi	DC _____ psi	Opened at <u>3.6</u> psi	Opened at _____ psi	Held at _____ psi
	<u>Apparent</u> RP <u>8.2</u> psi		Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
	<u>Actual</u> RP <u>7.6</u> psi		Pass <input checked="" type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>
Date: <u>8-20-99</u>	Failed <input type="checkbox"/>	Failed <input 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 _____ psi	Opened At _____ psi	Held At _____ 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: Brian Fyfe Certification No. 611  
 Owner/Representative Signature: Robert Jackson