

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1075 Industrial Dr. Zip: 43545  
 Business Name: Advanced Drainage Systems  
 Contact Person: Eldon Bestleman Title: Plant manager  
 Phone Number: 599-9565 Date of Test: 7-28-99

### DEVICE INFORMATION

Type (circle one) **RP** DC VB RPDA DCDA  
 Manf/Model: W.H.S 009 Size: 1" Serial No.: 61572  
 Location of Device: N.E. corner of shop (cooling tower)  
 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: <b>Fail</b>  Date: <u>7-28-99</u>	DC _____ psi  <u>Apparent</u> RP <u>2.7</u> psi  <u>Actual</u> RP _____ psi	DC _____ 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 type="checkbox"/> Failed <input checked="" 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	Cleaned and check Turned over gasket				
Test After Repairs: <b>Pass</b>  Date: <u>7-28-99</u>	DC _____ psi  RP <u>6.6</u> psi	DC _____ psi  RP <u>5.0</u> 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 type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>

Tester Signature: [Signature] Certification No. 156  
 Owner/Representative Signature: Eldon Bestleman

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1075 Industrial Dr. Zip: 43545  
 Business Name: Advanced Drainage Systems  
 Contact Person: Eldon Bestleman Title: Plant Manager  
 Phone Number: 599-9565 Date of Test: 7-28-99

### DEVICE INFORMATION

Type (circle one)      **RP**      **DC**      **VB**      **RPDA**      **DCDA**  
 Manf/Model: Ames 2000 SS      Size: 6"      Serial No.: 2F00998  
 Location of Device: N.E. Corner of Shop      (Fireline)  
 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>  Date: <u>7-28-99</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: Robert W. Weimer      Certification No. 186  
 Owner/Representative Signature: Eldon Bestleman

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1075 Industrial Dr. Zip: 43545  
 Business Name: Advanced Drainage Systems  
 Contact Person: Elden Bostleman Title: Plant Manager  
 Phone Number: 599-9565 Date of Test: 7-28-99

### DEVICE INFORMATION

Type (circle one)      **RP**      **DC**      **VB**      **RPDA**      **DCDA**  
 Manf/Model: 007 MI QT      Size: 1"      Serial No.: 47974  
 Location of Device: N.E. corner of Shop      (Potable)  
 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>	DC <u>10</u> psi	DC <u>10</u> psi	Opened at _____ psi	Opened at _____ psi	Held at _____ psi
	<u>Apparent</u> RP _____ psi		Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
	<u>Actual</u> RP _____ psi				
Date: <u>7-28-99</u>	Pass <input checked="" type="checkbox"/>	Pass <input checked="" 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"/>
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: [Signature] Certification No. 186  
 Owner/Representative Signature: Elden Bostleman

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1075 Industrial Dr. ZIP: 43545  
 Business Name: Advanced Drainage Systems

### DEVICE INFORMATION

Type (circle one)    RP    **DC**    VB    RPDA    DCDA

Manf/Model: Ame 9 2000 SS    Size: 6"    Serial No. 2F0998

Location of Device: N.E. Corner of Shop

Type of Test:    Differential Gauge     Sight Tube

Outlet valve holding RP <input type="checkbox"/> DC <input checked="" type="checkbox"/> failed RP <input type="checkbox"/> DC <input type="checkbox"/>	Reduced Pressure Assembly ↓			Pressure Vacuum Breaker	
	Double Check Valve ↓		Relief Valve ↓	Air Inlet	Check Valve
	1st Check	2nd Check			
Test Results <i>Pass</i>	DC <u>1.4</u> psi RP _____ psi	DC <u>2.8</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>7-2-03</u>	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"/>	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: Kenneth McKim    Certification No. 2566  
 Owner/Representative Signature: Eldon Bostelma

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1075 Industrial Dr. ZIP: 43545  
 Business Name: Advanced Drainage Systems

### DEVICE INFORMATION

Type (circle one)    RP    **DC**    VB    RPDA    DCDA

Manf/Model: 007 MI GT WATTS Size: 1" Serial No. 47974

Location of Device: N.E. Corner of Shop

Type of Test:    Differential Gauge     Sight Tube

Outlet valve holding RP <input type="checkbox"/> DC <input checked="" type="checkbox"/> failed RP <input type="checkbox"/> DC <input type="checkbox"/>	Reduced Pressure Assembly ↓			Pressure Vacuum Breaker	
	Double Check Valve ↓		Relief Valve ↓	Air Inlet	Check Valve
	1st Check	2nd Check			
Test Results	DC <u>2.4</u> psi RP _____ psi	DC <u>0</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>7-2-03</u>	Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input checked="" 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		<u>Flushed OUT CHECK VALVE THRU TEST COCK #4</u>			
Test After Repairs	DC _____ psi RP _____ psi	DC <u>1.8</u> 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: <u>7-2-03</u>	Pass <input 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"/>

Tester Signature: Kenneth Mahan Certification No. 2566  
 Owner/Representative Signature: Eldon Bostman

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1075 Industrial ZIP: 43545  
 Business Name: Advanced Drainage Systems

### DEVICE INFORMATION

Type (circle one) **RP** DC VB RPDA DCDA

Manf/Model: Watts 009 Size: 1" Serial No. 61572

Location of Device: N.E. Corner of Shop

Type of Test: Differential Gauge  Sight Tube

Outlet valve holding RP <input checked="" type="checkbox"/> DC <input type="checkbox"/> failed RP <input type="checkbox"/> DC <input type="checkbox"/>	Reduced Pressure Assembly ↓			Pressure Vacuum Breaker	
	Double Check Valve ↓		Relief Valve ↓	Air Inlet	Check Valve
	1st Check	2nd Check			
Test Results <i>Pass</i>	DC _____ psi RP <u>9.8</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: <i>7-2-03</i>	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: Kenneth Mula Certification No. 2566  
 Owner/Representative Signature: Eldon Bostelma

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1075 Independence Dr. ZIP: 43545  
 Business Name: Advanced Drainage Systems

### DEVICE INFORMATION

Type (circle one)    RP                    DC                    VB                    RPDA                    DCDA

Manf/Model: Ames 2000 SS                    Size: 6"                    Serial No. 2F00998

Location of Device: N.E. Corner of bldg.

Type of Test:    Differential Gauge                     Sight Tube   

Outlet valve holding <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> failed <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/>	Reduced Pressure Assembly ↓			Pressure Vacuum Breaker	
	Double Check Valve ↓		Relief Valve ↓	Air Inlet	Check Valve
	1st Check	2nd Check			
Test Results	DC <u>2.6</u> psi  RP _____ psi	DC <u>2.8</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>9-18-01</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: Kenneth Meder                    Certification No. 2566  
 Owner/Representative Signature: Eldon Bosterman

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1075 Independence Dr. ZIP: 43595  
 Business Name: Advanced Drainage Systems

### DEVICE INFORMATION

Type (circle one)    RP                    **DC**                    VB                    RPDA                    DCDA

Manf/Model: Watts 007                    Size: 1"                    Serial No. 47974

Location of Device: N.E. Corner of bldg:

Type of Test:    Differential Gauge                     Sight Tube   

Outlet valve holding RP <input type="checkbox"/> DC <input checked="" type="checkbox"/> failed RP <input type="checkbox"/> DC <input type="checkbox"/>	Reduced Pressure Assembly ↓			Pressure Vacuum Breaker	
	Double Check Valve ↓		Relief Valve ↓	Air Inlet	Check Valve
	1st Check	2nd Check			
Test Results	DC <u>2.0</u> psi  RP _____ psi	DC <u>1.8</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>9-18-01</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: Kenneth Mohr                    Certification No. 2566

Owner/Representative Signature: E. Adam Borkema



# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1075 Independence Dr. ZIP: 43545

Business Name: Advanced Drainage Systems

### DEVICE INFORMATION

Type (circle one) **RP** DC VB RPDA DCDA

Manf/Model: Watts 009 Size: 1" Serial No. 61572

Location of Device: N.E. Corner of Bldg.

Type of Test: Differential Gauge  Sight Tube

Outlet valve holding RP <input checked="" type="checkbox"/> DC <input type="checkbox"/> failed RP <input type="checkbox"/> DC <input type="checkbox"/>	Reduced Pressure Assembly ↓			Pressure Vacuum Breaker	
	Double Check Valve ↓		Relief Valve ↓	Air Inlet	Check Valve
	1st Check	2nd Check			
Test Results	DC _____ psi  RP <u>8.3</u> psi	DC _____ psi	opened at <u>2.2</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>9-18-01</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: Kenneth M... .. Certification No. 2566

Owner/Representative Signature: Eldon B... ..

# METER YOKE RELEASE

This document is for the release of one (1) Water Meter Yoke for Residential water service lines.

RELEASE NO. 166

PERMIT NO.                      ISSUED 9-5-95

JOB LOCATION 1075 Industrial Dr.

- Inside City Limits      ( ) - Outside City Limits

ISSUED BY SPD

OWNER Advanced Drainage Systems

ADDRESS 1075 Industrial Dr.

CONTRACTOR Elling Pkg. & Htg.

ADDRESS 7-487 St Rt. 108 Madison

CONTRACTOR'S PHONE NO. 598-8791

WATER TAP SIZE: ( ) = 1"      ( ) = 1-1/2"       = 2"

WATER METER s#                     

( ) - New Dwelling       - Existing Dwelling

( ) - Lawn Meter      *Structure*

1" Yoke  
Water Service Line to be Type (K) Copper or (CTS) Polyethelene Tubing of one inch (1") minimum.

Watts No. <sup>00</sup>7 Dual check required  = Yes      ( ) = No

Water Meter Yoke installation is subject to the following conditions:

- 1.) Must be located in an accessible area.
- 2.) Must be in an area not subject to freezing temperatures.
- 3.) Must be eighteen inches (18") above floor level, not in crawl spaces.
- 4.) Must comply with the mounting criteria and clearances as set forth in DRAWING #04403901.

# METER YOKE RELEASE

This document is for the release of one (1) Water Meter Yoke for Residential water service lines.

RELEASE NO. 169

PERMIT NO. \_\_\_\_\_ ISSUED 9-5-95

JOB LOCATION 1075 Industrial Dr.

( ) - Inside City Limits ( ) - Outside City Limits

ISSUED BY BTD

OWNER Advanced Drainage Systems

ADDRESS 1075 Industrial Dr.

CONTRACTOR Elling P.L.B. & Hg.

ADDRESS T-487 St. Rt. 106 Napoleon

CONTRACTOR'S PHONE NO. 598-8991

WATER TAP SIZE: ( ) = 1" ( ) = 1-1/2" (X) = 2"

WATER METER s# \_\_\_\_\_

( ) - New Dwelling (X) - Existing Dwelling  
structure  
( ) - Lawn Meter

Water Service Line to be Type (K) Copper or (CTS) Polyethelene Tubing of one inch (1") minimum.

Watts No. <sup>00</sup>7 Dual check required (X) = Yes ( ) = No

Water Meter Yoke installation is subject to the following conditions:

- 1.) Must be located in an accessible area.
- 2.) Must be in an area not subject to freezing temperatures.
- 3.) Must be eighteen inches (18") above floor level, not in crawl spaces.
- 4.) Must comply with the mounting criteria and clearances as set forth in DRAWING #04403901.