

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: Watts 007 MI BT 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 ↓ Double Check Valve ↓			Pressure Vacuum Breaker	
	1st Check	2nd Check	Relief Valve ↓	Air Inlet	Check Valve
Test Results	DC <u>10</u> psi 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>6-11-04</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 Mohan Certification No. 2566
 Owner/Representative Signature: Eldon B...

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: Ames 200055 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 ↓ Double Check Valve ↓		Relief Valve ↓	Pressure Vacuum Breaker	
	1st Check	2nd Check		Air Inlet	Check Valve
	Test Results	DC <u>10</u> psi RP _____ psi		DC <u>10</u> psi	opened at _____ psi did not open <input type="checkbox"/>
Date: <u>6-11-04</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: Eldon Bate

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: 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	DC _____ psi RP <u>8.6</u> psi	DC _____ psi	opened at <u>3.1</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>6-11-04</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: Eldon Bostma

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1075 Industrial Dr. Zip: 43545
 Business Name: Advanced Drainage System
 Contact Person: Eldon Bostelman Title: Plant Manager
 Phone Number: 599-9565 Date of Test: 9-1-00

DEVICE INFORMATION

Type (circle one) RP DC VB RPDA DCDA
 Manf/Model: whatts 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
Failed <input type="checkbox"/>	1st Check	2nd Check			
Test Results <u>Pass</u> Date: <u>9-1-00</u>	DC _____ psi	DC _____ psi	Opened at _____ psi	Opened at _____ psi	Held at _____ psi
	<u>Apparent</u> RP <u>9.2</u> psi <u>Actual</u> RP <u>6.2</u> psi			Did Not Open <input type="checkbox"/> Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Did Not Open <input type="checkbox"/> Pass <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"/> Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Did Not Open <input type="checkbox"/> Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Leaked <input type="checkbox"/> Pass <input type="checkbox"/> Failed <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: Eldon Bostelman

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1075 Industrial Dr. Zip: 43545
 Business Name: Advanced Drainage System
 Contact Person: Eldon Bostelman Title: Plant Manager
 Phone Number: 599-9565 Date of Test: _____

DEVICE INFORMATION

Type (circle one) **RP** **DC** **VB** **RPDA** **DCDA**
 Manf/Model: 007 MI QT watts 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
	1st Check	2nd Check			
Holding <input checked="" type="checkbox"/> Failed <input type="checkbox"/>					
Test Results: <u>Pass</u> Date: <u>7-1-00</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: Kenneth Mester Certification No. 2566
 Owner/Representative Signature: Eldon Bostelman

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1075 Industrial Dr. Zip: 43545
 Business Name: Advanced Drainage System
 Contact Person: Elden Bostleman Title: Plant Manager
 Phone Number: 599-9565 Date of Test: 9-1-00

DEVICE INFORMATION

Type (circle one) RP **DC** VB RPDA DCDA
 Manf/Model: Ames 2000 55 Size: 6" Serial No.: 2F00998
 Location of Device: N.E. Corner of Shop
 Type of Test Differential Gauge Sight Tube

Outlet Valve	Reduced Pressure Assembly		Pressure Vacuum Breaker		
	Double Check Valve		Relief Valve	Air Inlet	Check Valve
Failed <input type="checkbox"/>	1st Check	2nd Check			
Test Results Fail Date: <u>9-1-00</u>	DC <u>10</u> psi	DC _____ psi	Opened at _____ psi	Opened at _____ psi	Held at _____ psi
	<u>Apparent</u> RP _____ psi <u>Actual</u> RP _____ psi		Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	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 Valve Seats				
Test After Repairs Pass Date: <u>9-1-00</u>	DC <u>10</u> psi	DC <u>10</u> 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"/>
	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"/>

Tester Signature: Kenneth Madan Certification No. 2566
 Owner/Representative Signature: Elden Bostleman

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1675 Independence Dr. Zip: 43545
 Business Name: Advanced Drainage System
 Contact Person: Eldon Bestelman Title: Plant Manager
 Phone Number: 599-9565 Date of Test: 6-4-98

DEVICE INFORMATION

Type (circle one) **RP** **DC** **VB** **RPDA** **DCDA**
 Manf/Model: WATTS 007M1-RT Size: 1" Serial No.: 47974
 Location of Device: NORTH EAST OF BUILDING BY 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
	1st Check	2nd Check			
Holding <input type="checkbox"/> Failed <input type="checkbox"/>					
Test Results	DC <u>9.5</u> psi	DC <u>10.2</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		Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>
Date: <u>6-4-96</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: Daniel R. Brown Certification No. 528
 Owner/Representative Signature: Eldon Bestelman

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1075 Independence Dr. Zip: 43545
 Business Name: Advanced Drainage System
 Contact Person: Eldon Bostelman Title: Plant Manager
 Phone Number: 599-9565 Date of Test: 6-4-98

DEVICE INFORMATION

Type (circle one) **RP** DC VB RPDA DCDA
 Manf/Model: WANS #009 Size: 1" Serial No.: 61572
 Location of Device: NORTH EAST of BUILDING BY SPRINKLER RISER
 Type of Test: Differential Gauge Sight Tube

Outlet Valve	Reduced Pressure Assembly <input checked="" type="checkbox"/>			Pressure Vacuum Breaker	
	Double Check Valve		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
Holding <input type="checkbox"/> Failed <input type="checkbox"/>					
Test Results	DC _____ psi <u>Apparent</u> RP <u>6.9</u> psi <u>Actual</u> RP <u>5.1</u> psi	DC _____ psi	Opened at <u>3.6</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:	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. Brown Certification No. 528
 Owner/Representative Signature: Eldon Bostelman