

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 375 Independence Dr ZIP: 43545  
 Business Name: Dr. Heinrichs

### DEVICE INFORMATION

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

Manf/Model: Wilkins 975 XL Size: 3/4 Serial No. 1457312

Location of Device: Compressor room

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>10.4</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: <u>10-24-02</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: Brian Zell Certification No. 611  
 Owner/Representative Signature: Annika Smith