

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 800 Independence Dr. ZIP: 43545  
 Business Name: L.O.M. Technologies

### DEVICE INFORMATION

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

Manf/Model: Watts 009 Size: 2" Serial No. 123271  
 Location of Device: Southwall @ Sprinkler System "Potable"  
 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>9.2</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: <i>10-11-02</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: R. Galsdorf Certification No. 016  
 Owner/Representative Signature: [Signature]

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 800 Independence Dr. ZIP: 43545  
 Business Name: L.O.M. Technologies

### DEVICE INFORMATION

Type (circle one)    RP    DC    VB    RPDA    DCDA

Manf/Model: Ames 200055    Size: 8"    Serial No. 2GM0502

Location of Device: Eastwall, North end of building "Fidelio"

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>2.6</u> psi  RP _____ psi	DC <u>2.1</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: <i>10-11-02</i>	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: R. C. [Signature]    Certification No. 016  
 Owner/Representative Signature: [Signature]

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 800 Independence Dr. ZIP: 43545  
 Business Name: L.D.M. Technologies

### DEVICE INFORMATION

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

Manf/Model: Ames 2000 SE    Size: 8"    Serial No. 2K10650

Location of Device: East wall middle building "Fireline"

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 <u>Pass</u>	DC <u>1.8</u> psi  RP _____ psi	DC <u>1.5</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>10-11-02</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: R. G. Ischert    Certification No. 016  
 Owner/Representative Signature: [Signature]

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 800 Independence Dr. ZIP: 43545  
 Business Name: h.a.m. Technologies

### DEVICE INFORMATION

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

Manf/Model: Watts 007 m1                      Size: 2"                      Serial No. 42931  
 Location of Device: East wall, north end of building                      "potable"  
 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 <i>Pass</i>	DC <u>1.0</u> psi RP _____ psi	DC <u>1.0</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>10-11-02</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: R. G. Isda                      Certification No. 016  
 Owner/Representative Signature: [Signature]

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 800 Independence Dr. ZIP: 43545  
 Business Name: L.D.M. Technologies

### DEVICE INFORMATION

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

Manf/Model: Watts 007 m1    Size: 2"    Serial No. 42931  
 Location of Device: East wall North end of bldg @ Sprinkler riser  
 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 <b>Pass</b>	DC <u>  </u> psi  RP <u>  </u> psi	DC <u>  </u> psi	opened at <u>  </u> psi  did not open <input type="checkbox"/>	opened at <u>  </u> psi  did not open <input type="checkbox"/>	held at <u>  </u> psi  leaked <input type="checkbox"/>
Date: <u>10-18-01</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	<u>Replaced Check Valve prior to test</u>	<u>Replaced Check Valve prior to test</u>			
Test After Repairs	DC <u>  </u> psi  RP <u>  </u> psi	DC <u>  </u> psi  RP <u>  </u> psi	opened at <u>  </u> psi  did not open <input type="checkbox"/>	opened at <u>  </u> psi  did not open <input type="checkbox"/>	held at <u>  </u> 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: R. Casper    Certification No. 716  
 Owner/Representative Signature: Jamie Conway

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 800 Independence Dr. ZIP: 43546  
 Business Name: L.D.M Technologies

### DEVICE INFORMATION

Type (circle one)    RP    DC    VB    RPDA    DCDA

Manf/Model: Ames 2000 SE    Size: 8"    Serial No. 2 K10650

Location of Device: East wall middle 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 <u>Pass</u>	DC <u>1.2</u> psi  RP _____ psi	DC <u>1</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>10-18-01</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	<u>Replaced C Check Valve Prior to Test</u>	<u>Replaced Check Valve Prior to Test</u>			
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: [Signature]    Certification No. # 16  
 Owner/Representative Signature: [Signature]

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 800 Independence Dr. ZIP: 43545  
 Business Name: L.D.M. Technologies

### DEVICE INFORMATION

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

Manf/Model: Watts 007 m    Size: 2"    Serial No. 42931

Location of Device: East wall north end of bldg @ sprinkler riser

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>Fail</i>	DC <u>0</u> psi	DC <u>0</u> psi	opened at _____ psi	opened at _____ psi	held at _____ psi
	RP _____ psi		did not open <input type="checkbox"/>	did not open <input type="checkbox"/>	leaked <input type="checkbox"/>
Date: <u>8-30-01</u>	Pass <input type="checkbox"/> Failed <input checked="" 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					
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"/> 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: R. Caldwell                    Certification No. #1 16  
 Owner/Representative Signature: \_\_\_\_\_

\* This device must have a #1 Test Cock installed before next Test

## City of Napoleon

### BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 800 Independence Dr. ZIP: 43545  
 Business Name: L.D.M. Technologies

#### DEVICE INFORMATION

Type (circle one)    RP    DC    VB    RPDA    DCDA

Manf/Model: Ames 2000 SE    Size: 8    Serial No. 2K10650    Vic Top  
 Location of Device: East wall middle of Bldg.  
 Type of Test:    Differential Gauge     Sight Tube

Outlet valve holding RP <input type="checkbox"/> DC <input type="checkbox"/> failed RP <input type="checkbox"/> DC <input type="checkbox"/>	Reduced Pressure Assembly ↓			Pressure Vacuum Breaker	
	Double Check Valve ↓		<u>Relief Valve</u> ↓	Air Inlet	Check Valve
	1st Check	2nd Check			
Test Results <i>Fail</i>	DC _____ psi	DC _____ psi	opened at _____ psi	opened at _____ psi	held at _____ psi
	RP _____ psi		did not open <input type="checkbox"/>	did not open <input type="checkbox"/>	leaked <input type="checkbox"/>
Date:	Pass <input type="checkbox"/> Failed <input checked="" 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					
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"/> 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: R. Gilsdorf    Certification No. # 16  
 Owner/Representative Signature: \_\_\_\_\_



# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 800 Independence Dr. ZIP: 43545  
 Business Name: L.D.M. Technologies

### DEVICE INFORMATION

Type (circle one) = RP      DC      VB      RPDA      DCDA

Manf/Model: Ames 2000 55 Size: 8" Serial No. 26M0582

Location of Device: East wall North end 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 <u>Pass</u>	DC <u>1.5</u> psi RP _____ psi	DC <u>2.2</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>8-30-01</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: R. Galsch Certification No. # 16  
 Owner/Representative Signature: \_\_\_\_\_

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 800 Independence ZIP: 43545  
 Business Name: L.O.M. Technologies

### DEVICE INFORMATION

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

Manf/Model: Watts 009 M2QT Size: 2" Serial No. 123271

Location of Device: Southwall 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>9.0</u> <del>7.0</del> psi	DC _____ psi	opened at <u>3.0</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>8-30-01</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: R. Calvert Certification No. # 16  
 Owner/Representative Signature: \_\_\_\_\_

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 800 Independence Zip: 43845  
 Business Name: L.D.M. Technologies  
 Contact Person: Steve Ambruster Title: Production Manager  
 Phone Number: 592-3333 Date of Test: 4-22-99

### DEVICE INFORMATION

Type (circle one)      RP      **DC**      VB      RPDA      DCDA  
 Manf/Model: Watts 007      Size: 2"      Serial No.: 42931

Location of Device: Eastwall, North Water Service

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>4-22-99</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: Wayne Pittman      Certification No. 96156  
 Owner/Representative Signature: Steve Ambruster

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 800 Independence Dr. Zip: 41354  
 Business Name: L.A.M. Technologies  
 Contact Person: Steve Armbruster Title: Production manager  
 Phone Number: 592-3333 Date of Test: 4-22-99

### DEVICE INFORMATION

Type (circle one) **RP** DC VB RPDA DCDA  
 Manf/Model: Watts 009 Size: 2" Serial No.: 123271  
 Location of Device: South Wall by fire 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 checked="" type="checkbox"/> Failed <input type="checkbox"/>	DC _____ psi	DC _____ psi	Opened at _____ psi	Opened at _____ psi	Held at _____ psi
Test Results <b>PASS</b>	<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"/>
Date: <u>4-22-99</u>	<u>Actual</u> RP <u>8.2</u> psi		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	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"/> 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: Wayne Dittman Certification No. 96156  
 Owner/Representative Signature: Steve Armbruster

**City Of Napoleon**  
**FIELD SURVEY FORM**

Premises Address: 900 Independence Company Name: L.D.M. Technologies  
Contact Name: Steve Armbruster Contact Phone No: 592-3333 Ext. 27  
Service No: 9371 Service Size: 8" Meter No: \_\_\_\_\_ Meter Size: \_\_\_\_\_ Date Installed: 11-8-98  
Type of Inspection: Initial  Follow-Up \_\_\_\_\_ Date of Inspection: 1-25-99 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**

This is fireline coming in Eastside of building furthest to South  
Service has a Ames Double Check Valve w/3 Test cocks  
There needs to be a total of 4 test cocks, also need to remove  
Hose fitting off of this device

**FIRE PROTECTION SYSTEMS**

System Type: Dry Spinkler \_\_\_\_\_ 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**

once 4<sup>th</sup> test cock is installed and hose fitting removed  
this will be an acceptable device.

**BACKFLOW PREVENTION REQUIREMENTS**

need to have tested a.s.a.p.

Contact me for Certified Testers for Fire Protection

**City Of Napoleon**  
**FIELD SURVEY FORM**

Premises Address: 800 Independence Company Name: L.D.M. Technologies  
Contact Name: Steve Armbruster Contact Phone No: 592-3333 Ext. 27  
Service No: \_\_\_\_\_ Service Size: 8" Meter No: \_\_\_\_\_ Meter Size: \_\_\_\_\_ Date Installed: 9/97  
Type of Inspection: Initial  Follow-Up \_\_\_\_\_ Date of Inspection: 6-23-98 Inspector Name: Charlie  
Type of Use: Industrial \_\_\_\_\_ Commercial \_\_\_\_\_ Residential \_\_\_\_\_ Water Main Size: 8" System Pressure 66.75 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 \_\_\_\_\_  
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**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**

*This service is fireline coming in Eastside furthest to North*

**FIRE PROTECTION SYSTEMS**

System Type: Dry Spinkler \_\_\_\_\_ 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**

*Service has a Ames Double Check Assembly  
This is an acceptable Device*

**BACKFLOW PREVENTION REQUIREMENTS**

*Must be tested A.S.A.P.*

*Contact me for Certified Testers for Fire Protection*

**City Of Napoleon**  
**FIELD SURVEY FORM**

Premises Address: 800 Independence Company Name: L.D.M. Technologies  
Contact Name: Steve Armbruster Contact Phone No: 592-3333 Ext. 27  
Service No: \_\_\_\_\_ Service Size: 8" Meter No: \_\_\_\_\_ Meter Size: \_\_\_\_\_ Date Installed: 9/91  
Type of Inspection: Initial  Follow-Up \_\_\_\_\_ Date of Inspection: 6-25-98 Inspector Name: Charlie  
Type of Use: Industrial \_\_\_\_\_ Commercial \_\_\_\_\_ Residential \_\_\_\_\_ Water Main Size: 12" System Pressure 65-75PSI  
Type of Service: Domestic \_\_\_\_\_ Fire  Combined \_\_\_\_\_ Any Other Water Source: Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, Other Type: Additional City Service \_\_\_\_\_ Auxiliary Source \_\_\_\_\_ Interconnected: Yes \_\_\_\_\_ No \_\_\_\_\_  
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**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**

*This service is Fireline coming in south side of building  
no acceptable Back flow Prevention here*

**FIRE PROTECTION SYSTEMS**

System Type: Dry Spinkler \_\_\_\_\_ 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**

*must install a Double Check Detector Assembly  
also tested after installation*

**BACKFLOW PREVENTION REQUIREMENTS**

*all Devices must be installed in the Horizontal Position*

**City Of Napoleon**  
**FIELD SURVEY FORM**

Premises Address: 800 Independence Company Name: L.O.M. Technologies  
Contact Name: Steve Ambruster Contact Phone No: 492-3333 Ext. 27  
Service No: 9761 Service Size: 2" Meter No: 7032411 Meter Size: 2" Date Installed: 9-16-97  
Type of Inspection: Initial  Follow-Up  Date of Inspection: 6-25-98 Inspector Name: Charlie  
Type of Use: Industrial  Commercial  Residential  Water Main Size: 3" 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   
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**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**

*This is 2" service coming in East side  
Feeds 2 Restrooms  
has a 2" Double Check Valve Assembly*

**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**

*This is an acceptable device*

**BACKFLOW PREVENTION REQUIREMENTS**

*must be tested a.s.a.p.*



**City Of Napoleon**  
**FIELD SURVEY FORM**

Premises Address: 800 Independence Company Name: L.D.M. Technologies  
Contact Name: Steve Armstrong Contact Phone No: 594-3333 Ext. 27  
Service No: \_\_\_\_\_ Service Size: 2" Meter No: 240207 Meter Size: 2" Date Installed: 9/91  
Type of Inspection: Initial  Follow-Up \_\_\_\_\_ Date of Inspection: 6-23-95 Inspector Name: Charlie  
Type of Use: Industrial \_\_\_\_\_ Commercial  Residential \_\_\_\_\_ Water Main Size: 8" System Pressure 65-75psi  
Type of Service: Domestic  Fire \_\_\_\_\_ Combined \_\_\_\_\_ Any Other Water Source: Yes \_\_\_\_\_ No   
If Yes, Other Type: Additional City Service \_\_\_\_\_ Auxiliary Source \_\_\_\_\_ Interconnected: Yes \_\_\_\_\_ No \_\_\_\_\_  
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**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**

This is 2" service coming in south end of building  
3- Restrooms, eye wash  
2- Water Chillers w/1" Feed in side of Tank, one w/1" Double Check and one w/2" R.P. no test records.  
2- Cooling Towers w/1" Feed in side of Tank not an acceptable air gap  
2- Chemical Feed Pumps 80 P.S.I., 2- Feed Pumps 80-100 P.S.I.  
1- Cooling Tower has 3 pumps 1 To Tower + 2 To Plant 38 P.S.I.

**FIRE PROTECTION SYSTEMS**

System Type: Dry Spinkler \_\_\_\_\_ 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**

1- Cooling Tower 3-pumps 2 To Tower, 2 To Plant, 1- back up  
25 P.S.I. 38 P.S.I.  
This service has a 2" Double Check Valve minus the Valves on each end only has 3- Test cocks. With the chemicals being used in chillers it is my recommendation that the Check Valve be Removed + Replaced with

**BACKFLOW PREVENTION REQUIREMENTS**

Reduced Pressure Zone Assembly

all Devices must be in Horizontal Position

Water Dist. - White

Customer - Canary

Building Dept. - Pink