

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1275 Industrial Dr. Zip: 43545
 Business Name: City of Napoleon Service Bldg.
 Contact Person: Jeff Macintosh Title: Operation Supt.
 Phone Number: 599-1891 Date of Test: 12-30-98

DEVICE INFORMATION

Type (circle one) **RP** DC VB RPDA DCDA
 Manf/Model: Felco 8254A Size: 2" Serial No.: A023471
 Location of Device: elec. Dept. Parts Crib N.W. Corner
 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 _____ psi	DC _____ psi	Opened at <u>3.1</u> psi	Opened at _____ psi	Held at _____ psi
	<u>Apparent</u> RP <u>7.3</u> psi		Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
	<u>Actual</u> RP <u>7.3</u> psi				
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	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: Charlie Kye Certification No. 6220-0695
 Owner/Representative Signature: Jeffery C. Macintosh

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1775 Industrial Dr ZIP: 43545
 Business Name: City of Napoleon Service Bldg.

DEVICE INFORMATION

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

Manf/Model: Aries 2000 55 Size: 4 Serial No. 2000568

Location of Device: Mechanical room "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 <i>Pass</i>	DC <u>3.6</u> psi RP _____ psi	DC <u>2.6</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>4-26-02</u>	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"/>
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: Charles G. ... Certification No. _____

Owner/Representative Signature: Jeffrey E. ...

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1775 Industrial Dr ZIP: 43145
 Business Name: City of Napoleon Service Bldg

DEVICE INFORMATION

Type (circle one) RP DC VB RPDA DCDA

Manf/Model: Febco 825 YA Size: 2" Serial No. A023471

Location of Device: by water meter Potable

Type of Test: Differential Gauge Sight Tube

Outlet valve holding	Reduced Pressure Assembly ↓			Pressure Vacuum Breaker	
	Double Check Valve ↓		Relief Valve ↓	Air Inlet	Check Valve
	1st Check	2nd Check			
RP <input checked="" type="checkbox"/> DC <input type="checkbox"/> failed RP <input type="checkbox"/> DC <input type="checkbox"/>	DC _____ psi	DC _____ psi	opened at _____ psi	opened at _____ psi	held at _____ psi
Test Results <u>Pass</u>	RP <u>7.4</u> psi		did not open <input type="checkbox"/>	did not open <input type="checkbox"/>	leaked <input type="checkbox"/>
Date: <u>4-26-02</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	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: Charlie Hise Certification No. _____
 Owner/Representative Signature: Jeffrey E. ...