

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1775 Industrial Dr. Zip: 43545
 Business Name: City of Napoleon Service Bldg:
 Contact Person: Charlie Title: W.D. Fireman
 Phone Number: 599-1891 Date of Test: 1-28-00

DEVICE INFORMATION

Type (circle one) **RP** DC VB RPDA DCDA
 Manf/Model: Febco 875YA Size: 2" Serial No.: 4023471
 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
Holding <input checked="" type="checkbox"/>	1st Check	2nd Check			
Failed <input type="checkbox"/>					
Test Results <i>1-28-00</i> Pass	DC _____ psi	DC _____ psi	Opened at _____ psi	Opened at _____ psi	Held at _____ psi
	<u>Apparent</u> RP <u>27</u> psi <u>Actual</u> RP <u>6.4</u> psi			Did Not Open <input type="checkbox"/>	Did Not Open <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	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 Hays Certification No. 5709 BFP
 Owner/Representative Signature: [Signature]

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1775 Industrial Dr. Zip: 43545
 Business Name: City of Napoleon
 Contact Person: Jeff MacHugh Title: Supt.
 Phone Number: 599-1891 Date of Test: 6-7-99

DEVICE INFORMATION

Type (circle one) **RP** **DC** **VB** **RPDA** **DCDA**
 Manf/Model: Ames 200055 Size: 4" Serial No.: 2 D00568
 Location of Device: Near water meter

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"/>	1st Check	2nd Check			
Failed <input type="checkbox"/>					
Test Results	DC <u>2.4</u> psi	DC <u>2.1</u> psi	Opened at _____ psi	Opened at _____ psi	Held at _____ psi
Pass	<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>6-7-99</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	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 Kipl Certification No. _____
 Owner/Representative Signature: Jeffrey E. MacHugh