

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1800 Industrial Dr. ZIP: 43545  
 Business Name: Cloverleaf Cold Storage

### DEVICE INFORMATION

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

Manf/Model: Ames 2000 B    Size: 3/4    Serial No. 09321  
 Location of Device: Southwall by Furnage  
 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>2.0</u> psi RP _____ psi	DC <u>1.8</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>3-13-02</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: Harold R. [Signature]    Certification No. 2060  
 Owner/Representative Signature: [Signature]

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### DEVICE INFORMATION

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

Manf/Model: Ames 300055                      Size: 8                      Serial No. 3 D 00662  
 Location of Device: by Furnace  
 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>3.6</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>3-13-12</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: David R. Young II                      Certification No. 2060  
 Owner/Representative Signature: [Signature]

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 Business Name: Cloverleaf Cold Storage

### DEVICE INFORMATION

Type (circle one)    RP    DC    VB    RPDA    DCDA  
 Manf/Model: Watts M2 QT    Size: 3/4    Serial No. 83282  
 Location of Device: Ry 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>2</u> psi RP _____ psi	DC <u>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>4-4-02</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: *Chen Long*    Certification No. 528  
 Owner/Representative Signature: *Samuel R...*