

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 845 Interstate Dr. Zip: 43545
 Business Name: Vlastic Farms
 Contact Person: Kevin Elling Title: Area Manager
 Phone Number: 592-5100 Date of Test: 8-13-99

DEVICE INFORMATION

Type (circle one) **RP** DC VB RPDA DCDA
 Manf/Model Ames 4000 SS Size: 6" Serial No.: 4LJ0367

Location of Device: N.E. Corner Warehouse

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> Date: <u>8-13-99</u>	DC _____ psi <u>Apparent</u> RP <u>9.2</u> psi <u>Actual</u> RP <u>6.2</u> psi	DC _____ psi	Opened at <u>4.5</u> psi Did Not Open <input type="checkbox"/>	Opened at _____ psi Did Not Open <input type="checkbox"/>	Held at _____ psi Leaked <input type="checkbox"/>
	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 Date:	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"/>
	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. 2759
 Owner/Representative Signature: [Signature]