

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 845 Interstate P.O. Box 351 Zip: 43545
 Business Name: Vlastic Farms
 Contact Person: Kevin Elling Title: Area Manager
 Phone Number: 592-5060 Date of Test: 7-23-99

DEVICE INFORMATION

Type (circle one) **RP** **DC** **VB** **RPDA** **DCDA**
 Manf/Model: 007 m2 - QT, Watts Size: 3/4 Serial No.: 176451
 Location of Device: Near water heater

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>7-23-99</u>	DC <u>10.2</u> psi <u>Apparent</u> RP _____ psi <u>Actual</u> RP _____ psi Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	DC <u>10</u> psi Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Opened at _____ psi Did Not Open <input type="checkbox"/> Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Opened at _____ psi Did Not Open <input type="checkbox"/> Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Held at _____ psi Leaked <input type="checkbox"/> Pass <input type="checkbox"/> Failed <input type="checkbox"/>
Repairs & Materials					
Test After Repairs Date:	DC _____ psi RP _____ psi Pass <input type="checkbox"/> Failed <input type="checkbox"/>	DC _____ psi RP _____ psi Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Opened At _____ psi Did Not Open <input type="checkbox"/> Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Opened At _____ psi Did Not Open <input type="checkbox"/> Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Held At _____ psi Leaked <input type="checkbox"/> Pass <input type="checkbox"/> Failed <input type="checkbox"/>

Tester Signature: Daniel R. Bunn Certification No. 528
 Owner/Representative Signature: Kevin Elling Vlastic 7/23/99