

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Bypass around
R.P. must be
Disconnected

Property Address: 650 Lagrange Zip: 43545
 Business Name: Hills Restaurant
 Contact Person: Guy Hill Title: Owner
 Phone Number: 592-1951 Date of Test: 8-11-99

DEVICE INFORMATION

Type (circle one) **RP** DC VB RPDA DCDA
 Manf/Model: Watts / 009-M2QT Size: 3/4 Serial No.: 164332
 Location of Device: Back Room 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 checked="" type="checkbox"/> Failed <input type="checkbox"/>					
Test Results: <u>Pass</u> DC <u>7.8</u> psi Apparent RP <u>8</u> psi Actual RP <u>7.8</u> psi	DC <u>8</u> psi	Opened at <u>2.4</u> 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>8-11-99</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 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: Brian Jeff Certification No. 611
 Owner/Representative Signature: [Signature]