

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1303 Oakland Ave, Napoleon, Ohio Zip: 43545
 Business Name: Fred H. Gerken Co.
 Contact Person: Fred R. Gerken Title: Pres.
 Phone Number: 419-592-2761 Date of Test: 8-11-99

DEVICE INFORMATION

Type (circle one) RP DC VB RPDA DCDA
 Manf/Model: Watts 1007M2QT Size: 1 1/2 Serial No.: 11995
 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
Holding <input checked="" type="checkbox"/>	1st Check	2nd Check			
Failed <input type="checkbox"/>					
Test Results <u>Pass 8-11-99</u>	DC <u>10</u> psi <u>Apparent</u> RP _____ psi <u>Actual</u> RP _____ psi	DC <u>10</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>8-11-99</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 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: Fred R. Gerken