

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 843 Oakwood Ave ZIP: 43545  
 Business Name: Henry Co. Health Dept.

### DEVICE INFORMATION

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

Manf/Model: Watts Size: 1 1/2 Serial No. 98587

Location of Device: Cabinet in NE Restroom

Type of Test: Differential Gauge  Sight Tube

Outlet valve holding RP <input checked="" type="checkbox"/> DC <input 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	DC _____ psi	DC _____ psi	opened at <u>4.0</u> psi	opened at _____ psi	held at _____ psi
	RP <u>90</u> psi		did not open <input type="checkbox"/>	did not open <input type="checkbox"/>	leaked <input type="checkbox"/>
Date: <u>8/30/04</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	DC _____ psi	opened at _____ psi	opened at _____ psi	held at _____ psi
	RP _____ psi	RP _____ psi	did not open <input type="checkbox"/>	did not open <input type="checkbox"/>	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: W. Hall Certification No. 4643  
 Owner/Representative Signature: Tom E. ...