

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 485 N. Perry Zip: 43545  
 Business Name: Wash-n-Fill Self serve wash  
 Contact Person: Mike Snyder Title: Vice Pres.  
 Phone Number: 592-0851 Date of Test: 2-18-00

### DEVICE INFORMATION

Type (circle one) **(RP)** DC VB RPDA DCDA  
 Manf/Model: Watts 009 Size: 1" Serial No.: 60090  
 Location of Device: N.E. corner mechanical room

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"/>	DC _____ psi	DC _____ psi	Opened at _____ psi	Opened at _____ psi	Held at _____ psi
Test Results <u>PASS</u>	<u>Apparent</u> RP <u>10</u> psi <u>Actual</u> RP <u>9.4</u> psi		Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Date: <u>2-18-00</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: Daniel A. Brown Certification No. 528  
 Owner/Representative Signature: Randall H. Miller