

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 501 W. Perry ZIP: 43545
 Business Name: Speedway

DEVICE INFORMATION

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

Manf/Model: Watts 909 QT Size: 3/4 Serial No. 446493
 Location of Device: _____

Type of Test: Differential Gauge Sight Tube

Outlet valve holding RP <input 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 <i>fail</i>	DC 8 psi RP <u>8</u> psi	DC _____ psi	opened at <u>5.6</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>12-6-01</u>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input checked="" type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>
Repairs & Materials	<i>Rebuild 1st check</i>	<i>Rebuild 2nd check</i>	<i>New Relief Valve</i>		
Test After Repairs <i>PASS</i>	DC <u>7.8</u> psi RP _____ psi	DC _____ psi RP _____ psi	opened at <u>3.8</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>12-7-01</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"/>

Tester Signature: Brian Jeff Certification No. 611
 Owner/Representative Signature: [Signature]