

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1040 S Peary St # 10 Zip: _____
 Business Name: B & B Plumbing & HVAC
 Contact Person: Brian Tejkal Title: Owner
 Phone Number: 533-3964 Date of Test: 5-22-98

DEVICE INFORMATION

Type (circle one) **RP** **DC** **VB** **RPDA** **DCDA**
 Manf/Model: Watts 007M2-QT Size: 3/4 Serial No.: 116544
 Location of Device: Garage
 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 type="checkbox"/> Failed <input type="checkbox"/>	DC <u>10.4</u> psi	DC <u>12</u> psi	Opened at _____ psi	Opened at _____ psi	Held at _____ psi
Test Results	<u>Apparent</u> RP _____ psi <u>Actual</u> RP _____ psi		Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Date: <u>5-22-98</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	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: Brian Tejkal Certification No. 611
 Owner/Representative Signature: Frank Dyer Board of Managers BV

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1040 S. Perry #12 Zip: _____
 Business Name: BJB Plumbing & HVAC
 Contact Person: Brian Tejki Title: Owner
 Phone Number: 533-2964 Date of Test: 5-22-98

DEVICE INFORMATION

Type (circle one) **RP** **DC** **VB** **RPDA** **DCDA**
 Manf/Model: Watts 007M2 Size: 3/4 Serial No.: 124608
 Location of Device: Garage
 Type of Test: Differential Gauge Sight Tube

Outlet Valve Holding <input type="checkbox"/> Failed <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 <u>8.6</u> psi	DC <u>8.8</u> psi	Opened at _____ psi	Opened at _____ psi	Held at _____ psi
	<u>Apparent</u> RP _____ psi		Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Date: <u>5-22-98</u>	Pass <input checked="" type="checkbox"/>	Pass <input checked="" type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>
	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>	Failed <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"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>
	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>

Tester Signature: Brian Tejki Certification No. 611
 Owner/Representative Signature: Steve Pifer Board of Managers BV