

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 403 S. Perry Zip: 43545  
 Business Name: Henry Co. Bank "Southside"  
 Contact Person: Roger Murrey Title: \_\_\_\_\_  
 Phone Number: 599-1065 Date of Test: 4-21-99

### DEVICE INFORMATION

Type (circle one) RP DC VB RPDA DCDA  
 Manf/Model: Watts 007 m2-QT Size: 3/4" Serial No.: 147687

Location of Device: in furnace 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"/>					
Test Results: <u>Pass</u>  Date: <u>4-21-99</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"/>
	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  Date:	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"/>
	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: Robert William Certification No. 3016

Owner/Representative Signature: Karen Johnston