

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 476 E. Riverview ZIP: 43545  
 Business Name: Automatic Feed

Fireline **DEVICE INFORMATION**  
 Type (circle one)    RP    DC    VB    RPDA    DCDA

Manf/Model: Ames 3000SS    Size: 6"    Serial No. 30DM1363  
 Location of Device: Southwall receiving area  
 Type of Test:    Differential Gauge     Sight Tube

Outlet valve holding RP <input type="checkbox"/> DC <input checked="" 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 <u>Pass</u>	DC <u>4.2</u> psi  RP _____ psi	DC <u>2.6</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"/>
Date: <u>10-17-01</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  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"/>
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 [Signature]    Certification No. 611  
 Owner/Representative Signature: Keith R. Shaver

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 476 E. Riverview ZIP: 43545  
 Business Name: Automatic Feed

Fireline  
 Type (circle one)    RP    DC    VB    RPDA    DCDA

Manf/Model: Watts 007 M2 QT    Size: 3/4    Serial No. 108019  
 Location of Device: Southwall in receiving area  
 Type of Test:    Differential Gauge     Sight Tube

Outlet valve holding RP <input type="checkbox"/> DC <input checked="" 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 <u>Pass</u>	DC <u>1</u> psi RP _____ psi	DC <u>1.5</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"/>
Date: <u>10-17-01</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 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"/>
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 Teal    Certification No. 611  
 Owner/Representative Signature: Neil R. Shaughnessy

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 476 E. Riverview Ave ZIP: 43545  
 Business Name: Automatic Feed

### DEVICE INFORMATION

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

Manf/Model: Febco 765 PUB    Size: 1"    Serial No. A<sup>C</sup>0189  
 Location of Device: South side of building outside  
 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		<i>Shut off valve on inlet not holding cannot Test needs repaired</i>	
Test Results <i>Fail</i>	DC _____ psi	DC _____ psi	opened at _____ psi	opened at _____ psi	held at _____ psi
	RP _____ psi		did not open <input type="checkbox"/>	did not open <input type="checkbox"/>	leaked <input type="checkbox"/>
Date: <i>7-24-01</i>	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"/>
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 Johnson*                      Certification No. 611  
 Owner/Representative Signature: *[Signature]*

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 476 E. River view ZIP: 43545  
 Business Name: Automatic Feed

### DEVICE INFORMATION

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

Manf/Model: Febco 825 Y Size: 1" Serial No. A05042  
 Location of Device: South wall of assembly building  
 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  RP <u>8.2</u> psi	DC _____ psi	opened at <u>2.8</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>7-24-01</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"/>
Repairs & Materials					
Test After Repairs	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"/>
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 J...* Certification No. 611  
 Owner/Representative Signature: *[Signature]*

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 476 E. Riverview ZIP: 43545  
 Business Name: Automatic Feed

### DEVICE INFORMATION

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

Manf/Model: Watts 009 RD QT Size: 2" Serial No. 127635  
 Location of Device: Mens 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 RP <u>10</u> psi	DC _____ psi	opened at <u>2</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>7-24-01</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"/>
Repairs & Materials					
Test After Repairs	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"/>
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: [Signature] Certification No. 611  
 Owner/Representative Signature: [Signature]

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 476 E. Riverview Zip: 43545  
 Business Name: Automatic Feed  
 Contact Person: John Stoussik Title: Process Planning Engineer  
 Phone Number: 592-6060 Date of Test: 8-20-99

### DEVICE INFORMATION

Type (circle one) **RP** DC VB RPDA DCDA  
 Manf/Model: Febco 8254 Size: 1" Serial No.: A050424  
 Location of Device: South wall assembly building  
 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 <b>Fail</b>	<u>not Holding Apparent</u> RP <u>6.8</u> psi <u>Actual</u> RP <u>6.6</u> psi		Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Date: <u>8-20-99</u>	Pass <input checked="" type="checkbox"/> Failed <input checked="" 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"/>
Repairs & Materials					
Test After Repairs <u>Tore apart cleaned</u>	<u>Apparent</u> RP <u>6.8</u> psi <u>Actual</u> RP <u>6.6</u> psi	DC _____ psi RP _____ psi	Opened At <u>2.6</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>8-20-99</u>	Pass <input 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: Daryl Dush

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 476 E. RiverView Zip: 43545  
 Business Name: Automatic Feed  
 Contact Person: John Stevcik Title: Process Planning Engineer  
 Phone Number: 592-0050 Date of Test: 8-20-99

### DEVICE INFORMATION

Type (circle one) **RP** DC VB RPDA DCDA  
 Manf/Model: W.H.S 009 M2 QT Size: 2" Serial No.: 127635

Location of Device: Mens Restroom

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>  DC _____ psi <u>Apparent</u> RP <u>9.4</u> psi <u>Actual</u> RP <u>6.6</u> psi	DC _____ psi	Opened at <u>3.3</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>8-20-99</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  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"/>
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 checked="" type="checkbox"/>

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

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 476 E. Riverview Zip: 43545  
 Business Name: Automatic Feed  
 Contact Person: John Stovcsik Title: Process Planning Engineer  
 Phone Number: 592-0050 Date of Test: 8-20-99

### DEVICE INFORMATION

Type (circle one)      **RP**                      **DC**                      **VB**                      **RPDA**                      **DCDA**  
 Manf/Model: Febco 765-1 PVB      Size: 1"      Serial No.: AC0189  
 Location of Device: South wall of building East of office entrance  
 Type of Test:      Differential Gauge                       Sight Tube

Outlet Valve	Reduced Pressure Assembly		Pressure Vacuum Breaker		
	Double Check Valve		Relief Valve	Air Inlet	Check Valve
Holding <input checked="" type="checkbox"/>					
Failed <input type="checkbox"/>	1st Check	2nd Check			
Test Results <u>Pass</u>  Date: <u>8-20-99</u>	DC _____ psi	DC _____ psi	Opened at _____ psi	Opened at <u>1.4</u> psi	Held at <u>1.2</u> psi
	<u>Apparent</u> RP _____ psi		Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
	<u>Actual</u> RP _____ psi		Pass <input type="checkbox"/>	Pass <input checked="" type="checkbox"/>	Pass <input checked="" 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  Date:	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"/>
	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 [Signature] Certification No. 611  
 Owner/Representative Signature: Darryl [Signature]