

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1074 N. Scott Zip: 43545  
 Business Name: Super Car Wash  
 Contact Person: Ed Sickmiller Title: Manager  
 Phone Number: 592-9213 Date of Test: 7-6-99

### DEVICE INFORMATION

Type (circle one) **RP** DC VB RPDA DCDA  
 Manf/Model: Watts 909 MIQT Size: 2" Serial No.: 272092  
 Location of Device: Supply room near Toilet

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 <span style="font-size: 2em; color: green;">Pass</span>  Date: <u>7-6-99</u>	DC _____ psi	DC _____ psi	Opened at _____ psi	Opened at _____ psi	Held at _____ psi
	<b>Apparent</b> RP <u>6.2</u> psi		Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
	<b>Actual</b> RP <u>7.2</u> psi		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  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"/> 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: Nathan Jones Certification No. 602  
 Owner/Representative Signature: Marvin E. Langer