

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1074 N. Scott ZIP: 43545  
 Business Name: Super Wash

### DEVICE INFORMATION

Type (circle one) **RP** DC VB RPDA DCDA  
 Manf/Model: Watts 909 Size: 2" Serial No. 272092  
 Location of Device: Mechanical Room  
 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 <u>Pass</u>	DC _____ psi  RP <u>6.6</u> psi	DC _____ psi	opened at <u>2.2</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>4-12-04</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: Mark Vetter Certification No. #2335  
 Owner/Representative Signature: [Signature]