

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1108 N. Scott Zip: 43545
 Business Name: Pioneer Quick Lube
 Contact Person: Chris Fenstermaker Title: Tech.
 Phone Number: 599-2400 Date of Test: 4-13-99

DEVICE INFORMATION

Type (circle one) **RP** **DC** **VB** **RPDA** **DCDA**
 Manf/Model: Watts 007 m2 Size: 3/4 Serial No.: 60835
 Location of Device: N.E. corner basement

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>4-13-99</u>	DC <u>10</u> psi Apparent RP _____ psi Actual RP _____ psi Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	DC <u>10</u> psi Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Opened at _____ psi Did Not Open <input type="checkbox"/> Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Opened at _____ psi Did Not Open <input type="checkbox"/> Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Held at _____ psi Leaked <input type="checkbox"/> Pass <input type="checkbox"/> Failed <input type="checkbox"/>
Repairs & Materials					
Test After Repairs Date:	DC _____ psi RP _____ psi Pass <input type="checkbox"/> Failed <input type="checkbox"/>	DC _____ psi RP _____ psi Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Opened At _____ psi Did Not Open <input type="checkbox"/> Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Opened At _____ psi Did Not Open <input type="checkbox"/> Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Held At _____ psi Leaked <input type="checkbox"/> Pass <input type="checkbox"/> Failed <input type="checkbox"/>

Tester Signature: [Signature] Certification No. 3035
 Owner/Representative Signature: [Signature]