

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1108 Scott Zip: 43545
 Business Name: Pioneer Quick Lube
 Contact Person: Denny Tonjes Title: Area Super
 Phone Number: 599-2800 Date of Test: 3-1-00

DEVICE INFORMATION

Type (circle one) **RP** **DC** **VB** **RPDA** **DCDA**
 Manf/Model: 007 M2 QT Watts 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>3-1-00</u>	DC <u>10</u> psi <u>Apparent</u> RP _____ psi <u>Actual</u> RP _____ psi	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	DC _____ psi RP _____ psi	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. 2539
 Owner/Representative Signature: [Signature]