

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1108 N. Scott Zip: 43545

Business Name: Pennzoil Quick Lube

Contact Person: Lynn Tonjes Title: Manager

Phone Number: 592-2800 Date of Test: 3-23-01

### DEVICE INFORMATION

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

Manf/Model: Watts 007      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                     |
| Holding <input checked="" type="checkbox"/> | 1st Check                                | 2nd Check                                |                                       |                                       |                                 |
| Failed <input type="checkbox"/>             |  |  |                                       |                                       |                                 |
| Test Results <u>Pass</u>                    | DC <u>10</u> psi                         | DC <u>10</u> psi                         | Opened at _____ psi                   | Opened at _____ psi                   | Held at _____ psi               |
|   | <b>Apparent</b><br>RP _____ psi          |  | Did Not Open <input type="checkbox"/> | Did Not Open <input type="checkbox"/> | Leaked <input type="checkbox"/> |
|   | <b>Actual</b><br>RP _____ psi            |  | Pass <input type="checkbox"/>         | Pass <input type="checkbox"/>         | Pass <input type="checkbox"/>   |
| Date: <u>3-23-01</u>                        | Pass <input checked="" type="checkbox"/> | Pass <input checked="" type="checkbox"/> | Failed <input type="checkbox"/>       | Failed <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"/>            | 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: *Douglas J. Seal*      Certification No. 2539

Owner/Representative Signature: *Lynn Tonjes Mgr.*