

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1103 N. Scott Zip: 43545

Business Name: Pennzoil Quick Lube

Contact Person: Lynn Tonjes Title: Manager

Phone Number: 599-2800 Date of Test: 3-23-01

DEVICE INFORMATION

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

Manf/Model: Watts 909 Size: 3/4" Serial No.: 412396

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 Pass Date: 3-23-01	DC _____ psi Apparent RP _____ psi Actual RP _____ psi	DC _____ psi	Opened at 3.5 psi Did Not Open <input type="checkbox"/>	Opened at _____ psi Did Not Open <input type="checkbox"/>	Held at _____ psi Leaked <input type="checkbox"/>
	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 Date:	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"/>
	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: *Douglas Smith* Certification No. 2531

Owner/Representative Signature: *Lynn Tonjes Mgr.*