

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1835 N. Scott ZIP: 43545
 Business Name: Heritage Town

DEVICE INFORMATION

Type (circle one) **RP** DC VB RPDA DCDA
 Manf/Model: Watts 009 M3 QT Size: 3/4 Serial No. 73379
 Location of Device: S.W. Corner of bldg:
 Type of Test: Differential Gauge Sight Tube

Outlet valve holding RP <input 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 <i>Fail</i>	DC _____ psi RP <u>9.0</u> psi	DC _____ psi	opened at _____ psi did not open <input checked="" type="checkbox"/>	opened at _____ psi did not open <input type="checkbox"/>	held at _____ psi leaked <input type="checkbox"/>
Date: <i>3-11-02</i>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input checked="" type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>
Repairs & Materials	<i>Total Rebuild</i>				
Test After Repairs <i>Pass</i>	DC _____ psi RP <u>8.5</u> psi	DC _____ psi RP <u>X</u> psi	opened at <u>5</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: <i>3-11-02</i>	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"/>

Tester Signature: [Signature] Certification No. 432
 Owner/Representative Signature: [Signature]