

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1835 N. Scott ZIP: 43545
 Business Name: Famous Hair

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 checked="" 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>Pass</i>	DC _____ psi RP <u>8.9</u> psi	DC _____ psi	opened at <u>2.0</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: <u>3-31-04</u>	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	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"/>
Date:	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: *[Signature]* Certification No. 2339
 Owner/Representative Signature: *[Signature]*

S.A. Comunale Co., Inc.

24 Hour Nationwide Emergency Service

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Phillipsburg, NJ 800-565-3338
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Test and Maintenance Report for Backflow Preventer Assemblies

Facility Name: FAMOUS HAIR Phone Number: 592-0111
Address: 1835 N. SCOTT ST NAPOLEON OH Test Date: 3-26-03

BACKFLOW PREVENTION ASSEMBLY INFORMATION				<input checked="" type="checkbox"/> RP	<input type="checkbox"/> DC	<input type="checkbox"/> _____
Make: <u>WATTS</u>	Model: <u>009M3QT</u>	Size: _____	Serial Number: <u>73379</u>			
TEST TYPE	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Failure	<input type="checkbox"/> New Install	<u>1</u>	<u>1</u>	<input type="checkbox"/> Replaces _____

INSTALLATION TYPE:	<input checked="" type="checkbox"/> Containment	<input type="checkbox"/> Isolation				
SYSTEM TYPE:	<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Fire	<input type="checkbox"/> Lawn Irrigation	<input type="checkbox"/> Boiler	<input type="checkbox"/> _____	
LOCATION:	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> First Floor	<input type="checkbox"/> Outside	<input type="checkbox"/> Vault	<input checked="" type="checkbox"/> <u>LAUNDRY RM</u>	

TEST RESULTS:	<input checked="" type="checkbox"/> Passed	<input type="checkbox"/> Failed				
Line Pressure: <u>65</u> psi	Check Valve No. 1	Check Valve No. 2	Relief Valve			
Test before repair	<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed tight <u>7.5</u>	<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed tight <u>8.0</u>	Opened at <u>3.0</u> psid			
Final test	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Closed tight	Opened at _____ psid			
Describe repair/Materials used						

Certification - Tester I hereby certify that I have personally tested the above backflow prevention assembly, that the assembly is in proper operating condition, and that the above data is correct.

Tester (signature): Douglas L. Swisher Ohio Cert. No.: 2539
Tester (print): Douglas L. Swisher Cert. Expires: 9/12/05
Company Name: SA Comunale Co Phone: 334-3841

Certification - Facility I hereby certify that the above backflow prevention assembly has been in constant use at this location during the entire prescribed interval between test periods and during that period this assembly was not bypassed, made inoperative or removed without proper authorization. All defects found during the operation period or during tests of assembly were satisfactorily corrected without delay. I further certify that I have the responsibility and authority to insure the above.

Owner/Officer (signature): Jeanne Miller Title: Manager
Owner/Officer (print): _____ Date: _____