

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1845 N. Scott ZIP: 43545
 Business Name: Fashion Bug

DEVICE INFORMATION

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

Manf/Model: Watts 009 M3 AT Size: 3/4 Serial No. 78900
 Location of Device: Rear by bathroom
 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>8.7</u> psi	DC _____ psi	opened at <u>3.3</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>3-31-04</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"/>
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: *Douglas Spuler* Certification No. 2539
 Owner/Representative Signature: *[Signature]*

S.A. Comunale Co., Inc.

24 Hour Nationwide Emergency Service

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Test and Maintenance Report for Backflow Preventer Assemblies

Facility Name: FASHION BUG 1RG Properties Phone Number: 592-1285
Address: 1845 N. SCOTT ST NAPOLTON OH Test Date: 3-26-03

BACKFLOW PREVENTION ASSEMBLY INFORMATION				<input checked="" type="checkbox"/> RP	<input type="checkbox"/> DC	<input type="checkbox"/>
Make: <u>WATS</u>	Model: <u>009M3QT</u>	Size: <u>3/4</u>	Serial Number: <u>78900</u>			
TEST TYPE	<input 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 type="checkbox"/> <u>STOCK ROOM</u>

TEST RESULTS:	<input checked="" type="checkbox"/> Passed	<input type="checkbox"/> Failed	
Line Pressure: <u>60</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>8.1</u>	<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed tight <u>8.3</u>	Opened at <u>2.8</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): [Signature] Ohio Cert. No.: 2539
Tester (print): Doug Swister Cert. Expires: 9, 12, 05
Company Name: SA Comunale Co Phone: 419-334-3841

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): Anne L Bullock Title: 3-26-03
Owner/Officer (print): Anne L. BULLOCK Date: 3-26-03