

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1857 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. 62657  
 Location of Device: N.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<br><i>Pass</i>                                                                                                                            | DC _____ psi<br>RP <u>9.5</u> psi                                           | DC _____ psi                                                                | opened at <u>5.2</u> psi<br><br>did not open <input type="checkbox"/>       | opened at _____ psi<br><br>did not open <input type="checkbox"/> | held at _____ psi<br><br>leaked <input type="checkbox"/>         |
| Date:<br><i>3-11-02</i>                                                                                                                                | Pass <input checked="" type="checkbox"/><br>Failed <input type="checkbox"/> | Pass <input checked="" type="checkbox"/><br>Failed <input type="checkbox"/> | Pass <input checked="" type="checkbox"/><br>Failed <input type="checkbox"/> | Pass <input type="checkbox"/><br>Failed <input type="checkbox"/> | Pass <input type="checkbox"/><br>Failed <input type="checkbox"/> |
| Repairs & Materials                                                                                                                                    |                                                                             |                                                                             |                                                                             |                                                                  |                                                                  |
| Test After Repairs                                                                                                                                     | DC _____ psi<br>RP _____ psi                                                | DC _____ psi<br>RP _____ psi                                                | opened at _____ psi<br>did not open <input type="checkbox"/>                | opened at _____ psi<br>did not open <input type="checkbox"/>     | held at _____ psi<br>leaked <input type="checkbox"/>             |
| Date:                                                                                                                                                  | Pass <input type="checkbox"/><br>Failed <input type="checkbox"/>            | Pass <input type="checkbox"/><br>Failed <input type="checkbox"/>            | Pass <input type="checkbox"/><br>Failed <input type="checkbox"/>            | Pass <input type="checkbox"/><br>Failed <input type="checkbox"/> | Pass <input type="checkbox"/><br>Failed <input type="checkbox"/> |

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