

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1865 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. 77743
 Location of Device: S.W. Corner of bldg.
 Type of Test: Differential Gauge Sight Tube potable

Outlet valve holding <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> failed <input type="checkbox"/> 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 <u>Pass</u>	DC _____ psi RP <u>9.5</u> psi	DC _____ psi	opened at <u>3.5</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: <u>3-11-02</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. 432
 Owner/Representative Signature: [Signature]