

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 2250 ~~2250~~ Scott St Napoleon Ohio Zip: 43545
 Business Name: AMVETS Post 1313
 Contact Person: Art Burditt Title: Trustee
 Phone Number: 592-4868 Date of Test: 4-13-99

DEVICE INFORMATION

Type (circle one) **RP** **DC** **VB** **RPDA** **DCDA**
 Manf/Model: WATTS 007 M2 Size: 3/4 Serial No.: 95018
 Location of Device: Rise Room
 Type of Test: Differential Gauge Sight Tube

Outlet Valve	Reduced Pressure Assembly			Pressure Vacuum Breaker	
	Double Check Valve		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
Holding <input checked="" type="checkbox"/> Failed <input type="checkbox"/>			↓		
Test Results <u>Pass</u>	DC <u>10</u> psi	DC <u>10</u> psi	Opened at _____ psi	Opened at _____ psi	Held at _____ psi
	Apparent RP _____ psi		Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
	Actual RP _____ psi				
Date: <u>4-13-99</u>	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"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>
Repairs & Materials					
Test After Repairs	DC _____ psi	DC _____ psi	Opened At _____ psi	Opened At _____ psi	Held At _____ psi
	RP _____ psi	RP _____ psi	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	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. 3035
 Owner/Representative Signature: [Signature]