

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 2250 N. SCOTT Zip: 43545
 Business Name: Amvets
 Contact Person: Art Burditt Title: Trustee
 Phone Number: 592-4868 Date of Test: 6-26-00

DEVICE INFORMATION

Type (circle one) RP DC VB RPDA DCDA
 Manf/Model: Wilkins 975 XL Size: 2" Serial No.: 472202

Location of Device: Plumbing Closet

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"/>	DC _____ psi	DC _____ psi	Opened at _____ psi	Opened at _____ psi	Held at _____ psi
Test Results <u>Pass</u>	<u>Apparent</u> RP <u>8.6</u> psi		Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Date: <u>6-26-00</u>	<u>Actual</u> RP <u>6.2</u> psi		Open <input type="checkbox"/>	Open <input type="checkbox"/>	
	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	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: *Donald Smith* Certification No. 2539
 Owner/Representative Signature: *Art Burditt*