

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

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

DEVICE INFORMATION

Type (circle one) **RP** **DC** **VB** **RPDA** **DCDA**
 Manf/Model: Ames 300055 Size: 4" Serial No.: 38M1152
 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"/>					
Test Results	DC <u>10</u> psi	DC <u>10</u> psi	Opened at _____ psi	Opened at _____ psi	Held at _____ psi
	Apparent		Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
	RP _____ psi				
Date:	Actual		Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>
	RP _____ psi				
	<u>6-26-00</u>	Pass <input checked="" type="checkbox"/>	Pass <input checked="" type="checkbox"/>	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>
	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>	Failed <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		Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
	RP _____ psi				
Date:	Pass <input type="checkbox"/>		Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>
	Failed <input type="checkbox"/>				
		Failed <input type="checkbox"/>	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>

Tester Signature: *Douglas Sunkin* Certification No. 2539
 Owner/Representative Signature: *Art Burditt*