

# City of Napoleon

## BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 2250 N. Scott Zip: 43545  
 Business Name: Amvets  
 Contact Person: ACT Barditt Title: Trustee  
 Phone Number: 592-4868 Date of Test: 3-23-01

### DEVICE INFORMATION

Fireline  
 Type (circle one) **RP** **DC** **VB** **RPDA** **DCDA**  
 Manf/Model: Ames 3000 55 Size: 4" Serial No.: 3 M 1152  
 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 <u>Pass</u>  Date: <u>3-23-01</u>	DC <u>10</u> psi  <u>Apparent</u> RP _____ psi <u>Actual</u> RP _____ psi	DC <u>10</u> psi  Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Opened at _____ psi  Did Not Open <input type="checkbox"/> Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Opened at _____ psi  Did Not Open <input type="checkbox"/> Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Held at _____ psi  Leaked <input type="checkbox"/> Pass <input type="checkbox"/> Failed <input type="checkbox"/>
Repairs & Materials					
Test After Repairs  Date:	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"/>
	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. 2539  
 Owner/Representative Signature: [Signature]