

City of Napoleon


BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 2251 N. Scott Zip: 43545
 Business Name: Subtract
 Contact Person: Deb Kent Title: Manager
 Phone Number: 599-8568 Date of Test: 7-15-99

DEVICE INFORMATION

Type (circle one) **RP** DC VB RPDA DCDA
 Manf/Model: Febco 8257 Size: 3/4 Serial No.: 1682
 Location of Device: Back 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	DC <u>6.8</u> psi	DC <u>6.4</u> psi	Opened at <u>3.2</u> psi	Opened at _____ psi	Held at _____ psi
	<u>Apparent</u> RP <u>7.2</u> psi		Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
	<u>Actual</u> RP <u>6.4</u> psi		Open <input type="checkbox"/>	Open <input type="checkbox"/>	
Date:	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: Brian Hill Certification No.: 611
 Owner/Representative Signature: Deane Vance