

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 2255 N. Scott Zip: 43545
 Business Name: F+M Bank
 Contact Person: Steve Jackson Title: Branch Manager
 Phone Number: 592-2077 Date of Test: 7-23-99

DEVICE INFORMATION

Type (circle one) RP **DC** VB RPDA DCDA
 Manf/Model: Watts 007 MI-QT Size: 1" Serial No.: 22331
 Location of Device: in furnace 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
Holding <input checked="" type="checkbox"/>	1st Check	2nd Check			
Failed <input type="checkbox"/>					
Test Results Pass	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		Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>
Date: <u>7-23-99</u>	Pass <input checked="" type="checkbox"/>	Pass <input checked="" 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	RP _____ psi	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Date:	Pass <input type="checkbox"/>	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: Daniel R. [Signature] Certification No. 528
 Owner/Representative Signature: Stephen E. [Signature]