

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 655 Trail Dr. ZIP: 43545
 Business Name: Red Parsell

DEVICE INFORMATION

Type (circle one) **RP** DC VB RPDA DCDA

Manf/Model: Watts 009 Size: 1" Serial No. 83033
 Location of Device: Crawl space
 Type of Test: Differential Gauge Sight Tube

Outlet valve holding RP <input checked="" type="checkbox"/> DC <input type="checkbox"/> failed RP <input type="checkbox"/> DC <input type="checkbox"/>	Reduced Pressure Assembly ↓			Pressure Vacuum Breaker	
	Double Check Valve ↓		<u>Relief Valve</u> ↓	Air Inlet	Check Valve
	1st Check	2nd Check			
Test Results <i>Pass</i>	DC _____ psi RP <u>8.2</u> psi	DC _____ psi	opened at <u>3</u> psi did not open <input type="checkbox"/>	opened at _____ psi did not open <input type="checkbox"/>	held at _____ psi leaked <input type="checkbox"/>
Date: <i>7-24-01</i>	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"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>
Repairs & Materials					
Test After Repairs	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"/>
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 Tefft Certification No. 611
 Owner/Representative Signature: _____

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: Parsell DDS 655 Trail Dr. Nap. Ohio Zip: 43545
 Business Name: 28 W. Washington Nap. Ohio
 Contact Person: Rod Parsella Title: Owner
 Phone Number: 419-592-7100 Date of Test: 8-11-99

DEVICE INFORMATION

Type (circle one): RP DC VB RPDA DCDA
 Manf/Model: 1009M2Q1 Size: 1" Serial No.: 83033
 Location of Device: Craw space

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>8-11-99</u>	DC <u>6</u> psi <u>Apparent</u> RP <u>8.2</u> psi <u>Actual</u> RP <u>6</u> psi	DC <u>8.2</u> psi	Opened at <u>3.4</u> 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 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 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: Brian Fejby Certification No. 611
 Owner/Representative Signature: Rod Parsella