

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1000 Westmoreland Zip: 43545
 Business Name: German Mutual
 Contact Person: Rupert Knape Title: President
 Phone Number: 599-3993 Date of Test: 2-2-00

DEVICE INFORMATION

Type (circle one) RP ~~DC~~ VB RPDA DCDA
 Manf/Model: Watts 009m2 Size: 3/4 Serial No.: 154313
 Location of Device: Boiler room East wall

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 <u>PASS</u>	DC _____ psi	DC _____ psi	Opened at <u>3.6</u> psi	Opened at _____ psi	Held at _____ psi
	<u>Apparent</u> RP <u>7.6</u> psi		Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
	<u>Actual</u> RP <u>7.4</u> psi		Pass <input checked="" type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>
Date: <u>2-3-00</u>	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>
Repairs & Materials	<u>Should have drain line hooked up from relief port</u>				
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: Robert Miller Certification No. 3016
 Owner/Representative Signature: _____