

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1010 WESTMORELAND Zip: 43545
 Business Name: RODENBERGER FUNERAL HOME
 Contact Person: GERRIE RODENBERGER GRAY Title: OWNER
 Phone Number: 592 2333 Date of Test: JULY 12 - 2000

DEVICE INFORMATION

Type (circle one) **RP** DC VB RPDA DCDA
 Manf/Model: WATTS 009M2 Size: 1 1/2 Serial No.: 36422
 Location of Device: EQUIPMENT ROOM REAR OF BLDG MID WAY
 Type of Test: Differential Gauge Sight Tube

Outlet Valve	Reduced Pressure Assembly		Pressure Vacuum Breaker		
	Double Check Valve		Relief Valve	Air Inlet	Check Valve
Failed <input type="checkbox"/>	1st Check	2nd Check			
Test Results	DC <u>7.25</u> psi	DC <u>7.25</u> psi	Opened at <u>3.25</u> psi	Opened at _____ psi	Held at _____ psi
Date: <u>6-12-00</u>	Apparent RP <u>8.25</u> psi		Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
	Actual RP <u>7.25</u> psi		Pass <input checked="" 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"/>
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: Vincent J. Roth Certification No. 432
 Owner/Representative Signature: Rusty Coyle - R/R