

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: ST. RT. 110 Low Service Pump Station Zip: 43545
 Business Name: CAMPBELL SOUPS
 Contact Person: MIKE MORGAN Title: ENG
 Phone Number: 592-1010 Date of Test: 6-27-00

DEVICE INFORMATION

Type (circle one) **RP** DC VB RPDA DCDA
 Manf/Model: WATS 009M2QT Size: 1" Serial No.: 52378
 Location of Device: 2ND LEVEL S.W. CORNER
 Type of Test: Differential Gauge Sight Tube

Outlet Valve	Reduced Pressure Assembly		Pressure Vacuum Breaker		
	Double Check Valve		Relief Valve		Check Valve
Holding <input checked="" type="checkbox"/>	1st Check	2nd Check			Air Inlet
Failed <input type="checkbox"/>	1st Check	2nd Check	Relief Valve		Check Valve
Test Results <u>Pass</u>	DC _____ psi	DC _____ psi	Opened at <u>2.8</u> psi		Opened at _____ psi
	<u>Apparent</u> RP <u>9.2</u> psi		Did Not Open <input type="checkbox"/>		Did Not Open <input type="checkbox"/>
	<u>Actual</u> RP <u>8.4</u> psi		Leaked <input type="checkbox"/>		
Date: <u>6-27-00</u>	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
	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: Daniel R. Burr Certification No. 528
 Owner/Representative Signature: Mike Morgan