

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: ST. RT. 110 PUMPING STATION (V-8) Zip: 43545
 Business Name: CAMPBELL SOUP
 Contact Person: MIKE MERINGER Title: ENG.
 Phone Number: 592-1010 Date of Test: 6-27-00

DEVICE INFORMATION

Type (circle one) RP DC VB RPDA DCDA
 Manf/Model: WATTS 009 M29T Size: 2" Serial No.: 114918
 Location of Device: NORTH WALL of BUILDING
 Type of Test: Differential Gauge Sight Tube

Outlet Valve	Reduced Pressure Assembly <input checked="" type="checkbox"/>		Pressure Vacuum Breaker		
	Double Check Valve		Relief Valve		Air Inlet
	1st Check	2nd Check	Check Valve		
Holding <input type="checkbox"/> Failed <input type="checkbox"/>					
Test Results <u>Pass</u> DC _____ psi <u>Apparent</u> RP <u>10.6</u> psi <u>Actual</u> RP <u>9.6</u> psi	DC _____ psi	Opened at <u>3.4</u> psi	Opened at _____ psi	Held at _____ 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 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: Daniel R. Boyer Certification No. 528
 Owner/Representative Signature: M. N. Manager