Backflow Device Certification Report Form

B.W. LaPine Inc.

R.W. LaPine Inc. PO Box 2045 Kalamazoo, MI 4900

Submit form by mail, fax 231-798-7234, or email nswater@nortonshores.org

cityeat		Kalama
Norton Shores 4814 Henry St Norton Shores MI 49441		For Office Use Only
		Date Received:
		Date Entered:
Account #:	02812600	Account Class: CO
Property Name	•	Customer E-mail:

NORTON SHORES, MI 49444-8797

Device Serial #:	632185	Device Size:	.75
Device Make:	Conbraco	Device Type:	RPZ
Device Model #:	ApolloRPL4A	Location of Device:	In boiler
Hazard:	High	Reason for Device:	Chem treated boiler

Property Address:

1450 E FARR RD

Line PSI:	Reduced Pressure Principle Backflow Device Double Check Valve Assy			Pressure Vacuum Breaker			
55	1st Check / Check Value #1	2nd Check / Check Value #2	Relief Valve	Chec	ck Valve	Air Inlet	
InitialTest PASS FAIL	Closed Tight Leaked PSID:	Closed Tight D Leaked D PSID:	Did NOT Open Opened PSID at:		Tight	Closed Tight Leaked PSID:	
Repairs							
FinalTest PASS FAIL	Closed Tight PSID:	Closed Tight [] PSID:	Opened PSID at:	Closed PSID:	l Tight 🦳	Opened PSDI a	t:
Comments:						MAAMINE TANKA ARAA ARAA ARAA ARAA ARAA ARAA ARAA	

Certification: I herby certify the foregoing data to be correct and that the tested device is functioning within the limits of the standards.

All fields MUST be completed, either print or typed)

Testers Certification #: 3653 6	Date Completed: 5-/5- 23
Name of Tester: Sr. & Clark	Testers Phone #: 269 760 0542
Signature:	Testing Firm: RWL
Email: BFlada RWL Service net	

55504

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	n Shores				F	or Office Use On	~	
4814 Henry St				Date Received:				
	ores MI 49441			Date Entered:				
Account #:	02812600	The second secon		Account Class	:	CO		
Property Name:				Customer E-m	ail:			
Property Address	1450 E FAI	RR RD		NORTON SH	ORE	S, MI 49444-	8797	
				-				
Device Serial #:	440648			Device Size:		1.5		
Device Make:	Watts			Device Type:		RPZ		
Device Model #:	909M1QTRP			Location of De	vice:	SE corner		
Hazard:	High					Irrigation		,
	Reduced Pr	essuro Princinlo Ra	ckflou	Dovice				
Line PSI:	Reduced Pressure Principle Backflow Double Check Valve Assy			Device		Pressure Va	Pressure Vacuum Breaker	
60	1st Check / Check Value #1	2nd Check / Check Value #2	R	elief Valve		Check Valve	Air Inlet	
InitialTest	Closed Tight		Did NOT Open			Closed Tight	Closed Tight	= =
I PASS	Leaked[]	Leaked Opened		ed PSID at:		Leaked [7]	Leaked	
☐ FAIL	PSID: 8	PSID:	1	2.5		PSID:	PSID:	
		Ø.)		(,)				
Repairs				,				
FinalTest PASS FAIL	Closed Tight [Closed Tight [0pene	ed PSID at:		Closed Tight [Opened PSDI	at:
Comments:								
	ond off	, seturned off	,	ad dreined				
Certification: I herby All fields MUST be	y certify the foregoing completed, either prir	data to be correct an	nd that	the tested devic	e is fu	ınctioning within the li	mits of the stand	dards.
Testers Certification	1#: 3653	6	Date 0	Completed: 5	15-	23		
			Testers Phone #: 269 760 0542					
Signature:			Testing Firm: RWL					
Email: BFToyd	6 RWLSer	ice-net						