

Backflow Device Certification Report Form

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



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



For Office Use Only

Date Received:

Date Entered:

Account #: 02812600
Property Name:
Property Address: 1450 E FARR RD

Account Class: CO
Customer E-mail:
NORTON SHORES, MI 49444-8797

Device Serial #: 632185
Device Make: Conbraco
Device Model #: ApolloRPL4A
Hazard: High

Device Size: .75
Device Type: RPZ
Location of Device: In boiler
Reason for Device: Chem treated boiler

Line PSI: <u>55</u>	Reduced Pressure Principle Backflow Device Double Check Valve Assy		
	1st Check / Check Value #1	2nd Check / Check Value #2	Relief Valve
Initial Test <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL	Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/> PSID: <u>7</u>	Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/> PSID: <u>2</u>	Did NOT Open <input type="checkbox"/> Opened PSID at: <u>2.5</u>
Repairs			
Final Test <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Closed Tight <input type="checkbox"/> PSID:	Closed Tight <input type="checkbox"/> PSID:	Opened PSID at:

Pressure Vacuum Breaker	
Check Valve	Air Inlet
Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> PSID:	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> PSID:
Closed Tight <input type="checkbox"/> PSID:	Opened PSDI at:

Comments:

Certification: I hereby 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 #: <u>36536</u>	Date Completed: <u>5-15-23</u>
Name of Tester: <u>Brd Fleck</u>	Testers Phone #: <u>269 760 0542</u>
Signature: <u>[Signature]</u>	Testing Firm: <u>RWL</u>
Email: <u>BFleck@RWLService.net</u>	

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55504



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PO Box 2045
Kalamazoo, MI 4900

Account #: 02812600	Account Class: CO
Property Name:	Customer E-mail:
Property Address: 1450 E FARR RD	NORTON SHORES, MI 49444-8797

Device Serial #: 440648	Device Size: 1.5
Device Make: Watts	Device Type: RPZ
Device Model #: 909M1QTRP	Location of Device: SE corner
Hazard: High	Reason for Device: Irrigation

Line PSI: 60	Reduced Pressure Principle Backflow Device Double Check Valve Assy		
	1st Check / Check Value #1	2nd Check / Check Value #2	Relief Valve
Initial Test <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL	Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/> PSID: 8	Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/> PSID: 2.5	Did NOT Open <input type="checkbox"/> Opened PSID at: 2.5
Repairs			
Final Test <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Closed Tight <input type="checkbox"/> PSID:	Closed Tight <input type="checkbox"/> PSID:	Opened PSID at:

Pressure Vacuum Breaker	
Check Valve	Air Inlet
Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> PSID:	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> PSID:
Closed Tight <input type="checkbox"/> PSID:	Opened PSID at:

Comments: Found off, returned off, and drained

Certification: I hereby 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 #: 36536	Date Completed: 5-15-23
Name of Tester: B. Floyd	Testers Phone #: 269 760 0542
Signature: B. Floyd	Testing Firm: RWL
Email: BFloyd@RWLService.net	