

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087084  
Vendor Name: Northern Illinois Backflow  
Invoice Number: 23778  
Invoice Date: 12/22/20  
PO Number: B0371938  
Check Number: E0082790  
Check Amount: \$ 754.50  
Check Date: 01/06/2021  
Department ID: 00705  
Reviewer Name: Kathy Striplin  
Voucher Number: V0657614  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: Barrios, Isabel <barriosi142@cod.edu>  
Sent: Fri Jan 01 21:47:16 CST 2021  
To: invoicing@cod.edu  
CC:  
Subject: Attached Document  
-----

[attachment: 321Z4DW\_04VPQ2ZG40006D3\_page3.tif]  
[attachment: 321Z4DW\_04VPQ2ZG40006D3\_page4.tif]  
[attachment: 321Z4DW\_04VPQ2ZG40006D3\_page5.tif]  
[attachment: 321Z4DW\_04VPQ2ZG40006D3\_page6.tif]  
[attachment: 321Z4DW\_04VPQ2ZG40006D3\_page7.tif]  
[attachment: 321Z4DW\_04VPQ2ZG40006D3\_page8.pdf]



# Northern Illinois Backflow

1601 Atlantic Drive Ste. 101  
West Chicago, IL 60185

## Invoice

Date	Invoice #
12/22/2020	23778

Bill To
College of DuPage Accounts Payable, SRC2049 425 Foothill Blvd Glen Ellyn, IL 60137

Ship To
1223 Ricket Dr Naperville, IL

**APPROVED**  
**01/05/21 - DONALD INMAN**

Purchase Order	Rep	Tech	Terms	Due Date
PO 371922	JS	MEL	Net 30	1/21/2021
Item	Description	Invoiced	Rate	Amount
Annual Backflow - ...	Annual Backflow Prevention Test on 5 devices. All 5 devices passed. Reports have been filed with Aqua database.	5	40.05	200.25
Aqua-Naperville	Aqua Backflow Filing Fee-Naperville	5	9.85	49.25
<b>INVOICE REVIEWED OKAY TO PAY KATHY STRIPLIN 01/05/21</b>				
A 3% Administrative Fee Will be Added to All Payments Made by Credit Card				

<b>Total</b>		\$249.50
<b>Payments/Credits</b>		\$0.00
<b>Balance Due</b>		\$249.50

Phone #	Fax #	E-mail	Web Site
630-231-1595	630-231-0550	service@nibackflow.com	www.nibackflow.com



1601 Atlantic Drive Suite 101 West Chicago, IL 60185 (630) 231-1595 fax: (630) 231 - 0550 www.nibackflow.com

**Service Address**

Address: 650 Pasquinelli Dr.  
Company: COLLEGE OF DUPAGE  
City: WESTMONT  
Hazard: DOM WATER  
Location: SPRINKLER ROOM

Serial #: 281129  
Manufacturer: WATTS  
Model: 909M3QT  
Type: RPPA  
Size: 0.750  
Hazard #: 1 of 5

Reduced Pressure Principle Assembly				
Double Check Valve Assembly				
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
Initial Test	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not Open <input type="checkbox"/>	AIR INLET
	Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>	Opened at <u>2.2</u> PSID	Did not Open <input type="checkbox"/>
	Held at <u>7.2</u> PSID	Held at <u>7.0</u> PSID		Opened at _____ PSID
			Buffer <u>5.0</u> PSID	CHECK VALVE
				Leaked <input type="checkbox"/>
				Held at _____ PSID
Repairs	Repaired <input type="checkbox"/>			Repaired <input type="checkbox"/>
Final Test	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	AIR INLET
	Held at _____ PSID	Held at _____ PSID	Buffer _____ PSID	Opened at _____ PSID
				CHECK VALVE
				Held at _____ PSID

**Comments**

The above report is certified to be true.

Line Pressure \_\_\_\_\_  
Held Backpressure ☒  
#2 Shutoff ☒  
Relief Valve Exercised ☒

	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
Initial Test	12/22/20	Mel Bartelmey		XC2444	01143225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Repairs							
Final Test						<input type="checkbox"/>	<input type="checkbox"/>





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**Service Address**

Address: 650 Pasquinelli Dr.  
Company: COLLEGE OF DUPAGE  
City: WESTMONT  
Hazard: DOM WATER  
Location: SPRINKLER ROOM

Serial #: AA9212  
Manufacturer: FEBCO  
Model: 825Y  
Type: RP  
Size: 2.000  
Hazard #: 2 of 5

	Reduced Pressure Principle Assembly			RP <input checked="" type="checkbox"/> DCDA <input type="checkbox"/> DC <input type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>
	Double Check Valve Assembly			
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
Initial Test	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>8.6</u> PSID	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>8.2</u> PSID	Did not Open <input type="checkbox"/> Opened at <u>2.6</u> PSID	<b>AIR INLET</b> Did not Open <input type="checkbox"/> Opened at _____ PSID
			Buffer <u>6.0</u> PSID	<b>CHECK VALVE</b> Leaked <input type="checkbox"/> Held at _____ PSID
Repairs	Repaired <input type="checkbox"/>			Repaired <input type="checkbox"/>
Final Test	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	<b>AIR INLET</b> Opened at _____ PSID <b>CHECK VALVE</b> Held at _____ PSID
			Buffer _____ PSID	

**Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
The above report is certified to be true.

Line Pressure \_\_\_\_\_  
Held Backpressure ☒  
#2 Shutoff ☒  
Relief Valve Exercised ☒

	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
Initial Test	12/22/20	Mel Bartelmey		XC2444	01143225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Repairs							
Final Test						<input type="checkbox"/>	<input type="checkbox"/>



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**Service Address**

Address: 650 Pasquinelli Dr.  
Company: COLLEGE OF DUPAGE  
City: WESTMONT  
Hazard: DOM WATER  
Location: SPRINKLER ROOM

Serial #: B4639  
Manufacturer: FEBCO  
Model: 805YD  
Type: DC  
Size: 4.000  
Hazard #: 3 of 5

	Reduced Pressure Principle Assembly			RP <input type="checkbox"/> DCDA <input type="checkbox"/> DC <input checked="" type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>
	Double Check Valve Assembly			
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
Initial Test	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>2.0</u> PSID	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>1.8</u> PSID	Did not Open <input type="checkbox"/> Opened at _____ PSID	<b>AIR INLET</b> Did not Open <input type="checkbox"/> Opened at _____ PSID
			Buffer _____ PSID	<b>CHECK VALVE</b> Leaked <input type="checkbox"/> Held at _____ PSID
Repairs	Repaired <input type="checkbox"/>			Repaired <input type="checkbox"/>
Final Test	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	<b>AIR INLET</b> Opened at _____ PSID
			Buffer _____ PSID	<b>CHECK VALVE</b> Held at _____ PSID

**Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
The above report is certified to be true.

Line Pressure \_\_\_\_\_  
Held Backpressure ☒  
#2 Shutoff ☒  
Relief Valve Exercised ☐

	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
Initial Test	12/22/20	Mel Bartelmey		XC2444	01143225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Repairs							
Final Test						<input type="checkbox"/>	<input type="checkbox"/>



1601 Atlantic Drive Suite 101 West Chicago, IL 60185 (630) 231-1595 fax: (630) 231 - 0550 www.nibackflow.com

**Service Address**

Address: 650 Pasquinelli Dr.  
Company: COLLEGE OF DUPAGE  
City: WESTMONT  
Hazard: DOM WATER  
Location: SPRINKLER ROOM

Serial #: AA9198  
Manufacturer: FEBCO  
Model: 825Y  
Type: RP  
Size: 2.000  
Hazard #: 4 of 5

	Reduced Pressure Principle Assembly			RP <input checked="" type="checkbox"/> DCDA <input type="checkbox"/> DC <input type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>
	Double Check Valve Assembly			
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
Initial Test	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>8.2</u> PSID	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>7.8</u> PSID	Did not Open <input type="checkbox"/> Opened at <u>2.4</u> PSID	<b>AIR INLET</b> Did not Open <input type="checkbox"/> Opened at _____ PSID
			Buffer <u>5.8</u> PSID	<b>CHECK VALVE</b> Leaked <input type="checkbox"/> Held at _____ PSID
Repairs	Repaired <input type="checkbox"/>			Repaired <input type="checkbox"/>
Final Test	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	<b>AIR INLET</b> Opened at _____ PSID <b>CHECK VALVE</b> Held at _____ PSID
			Buffer _____ PSID	

**Comments**

The above report is certified to be true.

Line Pressure \_\_\_\_\_  
 Held Backpressure ☒  
 #2 Shutoff ☒  
 Relief Valve Exercised ☒

	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
Initial Test	12/22/20	Mel Bartelmey		XC2444	01143225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Repairs							
Final Test						<input type="checkbox"/>	<input type="checkbox"/>



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**Service Address**

Address: 650 Pasquinelli Dr.  
Company: COLLEGE OF DUPAGE  
City: WESTMONT  
Hazard: DOM WATER  
Location: SPRINKLER ROOM

Serial #: AA9716  
Manufacturer: FEBCO  
Model: 805Y  
Type: DC  
Size: 0.750  
Hazard #: 5 of 5

Reduced Pressure Principle Assembly				RP <input type="checkbox"/> DCDA <input type="checkbox"/> DC <input checked="" type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>
Double Check Valve Assembly				
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
Initial Test	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>2.0</u> PSID	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>1.8</u> PSID	Did not Open <input type="checkbox"/> Opened at _____ PSID	<b>AIR INLET</b> Did not Open <input type="checkbox"/> Opened at _____ PSID
			Buffer _____ PSID	<b>CHECK VALVE</b> Leaked <input type="checkbox"/> Held at _____ PSID
Repairs	Repaired <input type="checkbox"/>			Repaired <input type="checkbox"/>
Final Test	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	<b>AIR INLET</b> Opened at _____ PSID
			Buffer _____ PSID	<b>CHECK VALVE</b> Held at _____ PSID

**Comments**

The above report is certified to be true.

Line Pressure \_\_\_\_\_  
 Held Backpressure ☒  
 #2 Shutoff ☒  
 Relief Valve Exercised ☐

	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
Initial Test	12/22/20	Mel Bartelmey		XC2444	01143225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Repairs							
Final Test						<input type="checkbox"/>	<input type="checkbox"/>



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### Service Address

Address: 1223 Rickert Drive  
 Company: College of DuPage (Naperville)  
 City: Naperville  
 Hazard: BOILER  
 Location: Basement Mechanical Room

Serial #: 018831  
 Manufacturer: WILKINS  
 Model: 975  
 Type: RP  
 Size: 0.750  
 Hazard #: 1 of 7

Reduced Pressure Principle Assembly				RP <input checked="" type="checkbox"/> DCDA <input type="checkbox"/> DC <input type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>
Double Check Valve Assembly				
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
Initial Test	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not Open <input type="checkbox"/>	AIR INLET
	Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>	Opened at <u>2.3</u> PSID	Did not Open <input type="checkbox"/>
	Held at <u>8.6</u> PSID	Held at <u>7.8</u> PSID	Buffer <u>6.3</u> PSID	Opened at _____ PSID
				CHECK VALVE
				Leaked <input type="checkbox"/>
				Held at _____ PSID
Repairs	Repaired <input type="checkbox"/>			Repaired <input type="checkbox"/>
Final Test	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	AIR INLET
	Held at _____ PSID	Held at _____ PSID	Buffer _____ PSID	Opened at _____ PSID
				CHECK VALVE
				Held at _____ PSID
Comments				Line Pressure _____
				Held Backpressure <input checked="" type="checkbox"/>
				#2 Shutoff <input checked="" type="checkbox"/>
The above report is certified to be true.				Relief Valve Exercised <input checked="" type="checkbox"/>
	Date/Time	Tester	Signature	Tester #
Initial Test	12/22/20	Mel Bartelmey		XC2444
Repairs				
Final Test				
				Test Kit
				01143225
				Passed
				Failed



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**Service Address**

Address: 1223 Rickert Drive  
 Company: College of DuPage (Naperville)  
 City: Naperville  
 Hazard: FIRE SRV BYPASS  
 Location: Basement Mechanical Room

Serial #: W6858  
 Manufacturer: FEBCO  
 Model: 805Y  
 Type: DC  
 Size: 0.750  
 Hazard #: 2 of 7

Reduced Pressure Principle Assembly				RP <input type="checkbox"/> DCDA <input type="checkbox"/> DC <input checked="" type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>
Double Check Valve Assembly				
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
<b>Initial Test</b>	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <b>1.8</b> PSID	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <b>1.6</b> PSID	Did not Open <input type="checkbox"/> Opened at _____ PSID	<b>AIR INLET</b> Did not Open <input type="checkbox"/> Opened at _____ PSID
			Buffer _____ PSID	<b>CHECK VALVE</b> Leaked <input type="checkbox"/> Held at _____ PSID
<b>Repairs</b>	Repaired <input type="checkbox"/>			Repaired <input type="checkbox"/>
<b>Final Test</b>	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID Buffer _____ PSID	<b>AIR INLET</b> Opened at _____ PSID <b>CHECK VALVE</b> Held at _____ PSID

**Comments**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 The above report is certified to be true.

Line Pressure \_\_\_\_\_  
 Held Backpressure ☒  
 #2 Shutoff ☒  
 Relief Valve Exercised ☐

	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
<b>Initial Test</b>	12/22/20	Mel Bartelmey		XC2444	01143225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Repairs</b>							
<b>Final Test</b>						<input type="checkbox"/>	<input type="checkbox"/>



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**Service Address**

Address: 1223 Rickert Drive  
 Company: College of DuPage (Naperville)  
 City: Naperville  
 Hazard: FIRE SERVICE  
 Location: Basement Mechanical Room

Serial #: B6368  
 Manufacturer: FEBCO  
 Model: 806YD  
 Type: DCDA  
 Size: 4.000  
 Hazard #: 3 of 7

	<b>Reduced Pressure Principle Assembly</b>			RP <input type="checkbox"/> DCDA <input checked="" type="checkbox"/> DC <input type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>
	<b>Double Check Valve Assembly</b>			
	<b>Check Valve #1</b>	<b>Check Valve #2</b>	<b>Relief Valve</b>	<b>PVB/SVB</b>
<b>Initial Test</b>	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <b>2.0</b> PSID	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <b>1.6</b> PSID	Did not Open <input type="checkbox"/> Opened at _____ PSID	<b>AIR INLET</b> Did not Open <input type="checkbox"/> Opened at _____ PSID
			Buffer _____ PSID	<b>CHECK VALVE</b> Leaked <input type="checkbox"/> Held at _____ PSID
<b>Repairs</b>	Repaired <input type="checkbox"/>			Repaired <input type="checkbox"/>
<b>Final Test</b>	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID Buffer _____ PSID	<b>AIR INLET</b> Opened at _____ PSID <b>CHECK VALVE</b> Held at _____ PSID

**Comments**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 The above report is certified to be true.

Line Pressure \_\_\_\_\_  
 Held Backpressure ☒  
 #2 Shutoff ☒  
 Relief Valve Exercised ☐

	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
<b>Initial Test</b>	12/22/20	Mel Bartelmey		XC2444	01143225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Repairs</b>							
<b>Final Test</b>						<input type="checkbox"/>	<input type="checkbox"/>



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### Service Address

Address: 1223 Rickert Drive  
 Company: College of DuPage (Naperville)  
 City: Naperville  
 Hazard: DOM WATER  
 Location: Mech Room Basement

Serial #: 029577  
 Manufacturer: WATTS  
 Model: LF009M2QT  
 Type: RP  
 Size: 2.000  
 Hazard #: 6 of 7

	<b>Reduced Pressure Principle Assembly</b>			RP <input checked="" type="checkbox"/> DCDA <input type="checkbox"/> DC <input type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>
	<b>Double Check Valve Assembly</b>			
	<b>Check Valve #1</b>	<b>Check Valve #2</b>	<b>Relief Valve</b>	<b>PVB/SVB</b>
<b>Initial Test</b>	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <b>8.4</b> PSID	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <b>8.2</b> PSID	Did not Open <input type="checkbox"/> Opened at <b>2.4</b> PSID	<b>AIR INLET</b> Did not Open <input type="checkbox"/> Opened at _____ PSID
			Buffer <b>6.0</b> PSID	<b>CHECK VALVE</b> Leaked <input type="checkbox"/> Held at _____ PSID
<b>Repairs</b>	Repaired <input type="checkbox"/>			Repaired <input type="checkbox"/>
<b>Final Test</b>	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	<b>AIR INLET</b> Opened at _____ PSID <b>CHECK VALVE</b> Held at _____ PSID
			Buffer _____ PSID	

### Comments

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 The above report is certified to be true.

Line Pressure \_\_\_\_\_  
 Held Backpressure ☒  
 #2 Shutoff ☒  
 Relief Valve Exercised ☒

	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
<b>Initial Test</b>	12/22/20	Mel Bartelmey		XC2444	01143225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Repairs</b>							
<b>Final Test</b>						<input type="checkbox"/>	<input type="checkbox"/>





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**Service Address**

Address: 1223 Rickert Drive  
 Company: College of DuPage (Naperville)  
 City: Naperville  
 Hazard: IRRIGATION  
 Location: Mech room Basement

Serial #: 017193  
 Manufacturer: WATTS  
 Model: LF009M2QT  
 Type: RP  
 Size: 1.500  
 Hazard #: 7 of 7

Reduced Pressure Principle Assembly				RP <input checked="" type="checkbox"/> DCDA <input type="checkbox"/> DC <input type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>			
Double Check Valve Assembly							
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB			
Initial Test	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <b>8.0</b> PSID	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <b>7.6</b> PSID	Did not Open <input type="checkbox"/> Opened at <b>2.2</b> PSID	<b>AIR INLET</b> Did not Open <input type="checkbox"/> Opened at _____ PSID			
			Buffer <b>5.8</b> PSID	<b>CHECK VALVE</b> Leaked <input type="checkbox"/> Held at _____ PSID			
Repairs	Repaired <input type="checkbox"/>			Repaired <input type="checkbox"/>			
Final Test	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	<b>AIR INLET</b> Opened at _____ PSID <b>CHECK VALVE</b> Held at _____ PSID			
			Buffer _____ PSID				
Comments			Line Pressure _____ Held Backpressure <input checked="" type="checkbox"/> #2 Shutoff <input checked="" type="checkbox"/> Relief Valve Exercised <input checked="" type="checkbox"/>				
The above report is certified to be true.							
	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
Initial Test	12/22/20	Mel Bartelmey		XC2444	01143225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Repairs							
Final Test							<input type="checkbox"/> <input type="checkbox"/>

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087084  
Vendor Name: Northern Illinois Backflow  
Invoice Number: 23777  
Invoice Date: 12/22/20  
PO Number: B0371938  
Check Number: E0082790  
Check Amount: \$ 754.50  
Check Date: 01/06/2021  
Department ID: 00705  
Reviewer Name: Kathy Striplin  
Voucher Number: V0657641  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: Joanna Stachel <joanna@nibackflow.com >  
Sent: Mon Dec 28 09:51:41 CST 2020  
To: invoicing@cod.edu,ditchf@cod.edu  
CC: jeff@nibackflow.com  
Subject: Invoices/Reports- Carol Stream, Westmont, Naperville  
-----

Good Morning!  
Invoices and reports attached  
Thank you.

Joanna Stachel  
Executive Admin

**Northern Illinois Backflow, Inc.**  
**Gary Spielman Plumbing, Inc.**  
*1601 Atlantic Dr #101*  
*West Chicago, IL 60185*  
P: 630-231-1595 (24 hrs)  
F: 630-231-0550  
[www.nibackflow.com](http://www.nibackflow.com)  
[www.spielmanplumbing.com](http://www.spielmanplumbing.com)

[attachment: COD-InvoiceAndReports- 650-Westmont.pdf]  
[attachment: COD-InvoiceAndReports- 500-CarolStream.pdf]  
[attachment: COD-InvoiceAndReports- 1223 -Naperville.pdf]



# Northern Illinois Backflow

1601 Atlantic Drive Ste. 101  
West Chicago, IL 60185

## Invoice

Date	Invoice #
12/22/2020	23777

Bill To	Ship To
College of DuPage Accounts Payable, SRC2049 423 Fawell Blvd Glen Ellyn, IL 60137	500 N Kuhn Rd Carol Stream, IL

**APPROVED**  
**01/05/21 - DONALD INMAN**

Purchase Order	Rep	Tech	Terms	Due Date
PO 371922	JS	MEL	Net 30	1/21/2021
Item	Description	Invoiced	Rate	Amount
Annual Backflow - ...	Annual Backflow Prevention Test on 4 devices. All 4 devices passed. Reports have been filed with BSI database.	4	40.05	160.20
BSI- Carol Stream	BSI Online filing fee-Carol Stream	4	14.95	59.80
<div><b>INVOICE REVIEWED</b> <b>OKAY TO PAY</b> <b>KATHY STRIPLIN 01/05/21</b></div>				
A 3% Administrative Fee Will be Added to All Payments Made by Credit Card				

<b>Total</b>	\$220.00
<b>Payments/Credits</b>	\$0.00
<b>Balance Due</b>	\$220.00

Phone #	Fax #	E-mail	Web Site
630-231-1595	630-231-0550	service@nibackflow.com	www.nibackflow.com



1601 Atlantic Drive Suite 101 West Chicago, IL 60185 (630) 231-1595 fax: (630) 231 - 0550 www.nibackflow.com

**Service Address**

Address: 650 Pasquinelli Dr.  
Company: COLLEGE OF DUPAGE  
City: WESTMONT  
Hazard: DOM WATER  
Location: SPRINKLER ROOM

Serial #: 281129  
Manufacturer: WATTS  
Model: 909M3QT  
Type: RPPA  
Size: 0.750  
Hazard #: 1 of 5

Reduced Pressure Principle Assembly				
Double Check Valve Assembly				RP <input checked="" type="checkbox"/> DCDA <input type="checkbox"/> DC <input type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
Initial Test	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>7.2</u> PSID	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>7.0</u> PSID	Did not Open <input type="checkbox"/> Opened at <u>2.2</u> PSID	<b>AIR INLET</b> Did not Open <input type="checkbox"/> Opened at _____ PSID
			Buffer <u>5.0</u> PSID	<b>CHECK VALVE</b> Leaked <input type="checkbox"/> Held at _____ PSID
Repairs	Repaired <input type="checkbox"/>			Repaired <input type="checkbox"/>
Final Test	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	<b>AIR INLET</b> Opened at _____ PSID <b>CHECK VALVE</b> Held at _____ PSID
			Buffer _____ PSID	

**Comments**

The above report is certified to be true.

Line Pressure \_\_\_\_\_  
 Held Backpressure ☒  
 #2 Shutoff ☒  
 Relief Valve Exercised ☒

	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
Initial Test	12/22/20	Mel Bartelmey		XC2444	01143225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Repairs							
Final Test						<input type="checkbox"/>	<input type="checkbox"/>



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Suite 101

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fax: (630) 231 - 0550

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**Service Address**

Address: 650 Pasquinelli Dr.  
Company: COLLEGE OF DUPAGE  
City: WESTMONT  
Hazard: DOM WATER  
Location: SPRINKLER ROOM

Serial #: AA9212  
Manufacturer: FEBCO  
Model: 825Y  
Type: RP  
Size: 2.000  
Hazard #: 2 of 5

Reduced Pressure Principle Assembly				RP <input checked="" type="checkbox"/> DCDA <input type="checkbox"/> DC <input type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>
Double Check Valve Assembly				
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
Initial Test	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not Open <input type="checkbox"/>	AIR INLET
	Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>	Opened at <u>2.6</u> PSID	Did not Open <input type="checkbox"/>
	Held at <u>8.6</u> PSID	Held at <u>8.2</u> PSID		Opened at _____ PSID
			Buffer <u>6.0</u> PSID	CHECK VALVE
				Leaked <input type="checkbox"/>
				Held at _____ PSID
Repairs	Repaired <input type="checkbox"/>			Repaired <input type="checkbox"/>
Final Test	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	AIR INLET
	Held at _____ PSID	Held at _____ PSID	Buffer _____ PSID	Opened at _____ PSID
				CHECK VALVE
				Held at _____ PSID

**Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
The above report is certified to be true.

Line Pressure \_\_\_\_\_  
Held Backpressure ☒  
#2 Shutoff ☒  
Relief Valve Exercised ☒

	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
Initial Test	12/22/20	Mel Bartelmey		XC2444	01143225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Repairs							
Final Test						<input type="checkbox"/>	<input type="checkbox"/>



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www.nibackflow.com

**Service Address**

Address: 650 Pasquinelli Dr.  
Company: COLLEGE OF DUPAGE  
City: WESTMONT  
Hazard: DOM WATER  
Location: SPRINKLER ROOM

Serial #: B4639  
Manufacturer: FEBCO  
Model: 805YD  
Type: DC  
Size: 4.000  
Hazard #: 3 of 5

Reduced Pressure Principle Assembly				RP <input type="checkbox"/> DCDA <input type="checkbox"/> DC <input checked="" type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>
Double Check Valve Assembly				
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
Initial Test	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not Open <input type="checkbox"/>	<b>AIR INLET</b> Did not Open <input type="checkbox"/>
	Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>	Opened at _____ PSID	Opened at _____ PSID
	Held at <u>2.0</u> PSID	Held at <u>1.8</u> PSID		
			Buffer _____ PSID	<b>CHECK VALVE</b> Leaked <input type="checkbox"/> Held at _____ PSID
Repairs	Repaired <input type="checkbox"/>			Repaired <input type="checkbox"/>
Final Test	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	<b>AIR INLET</b> Opened at _____ PSID
	Held at _____ PSID	Held at _____ PSID	Buffer _____ PSID	<b>CHECK VALVE</b> Held at _____ PSID

**Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
The above report is certified to be true.

Line Pressure \_\_\_\_\_  
Held Backpressure ☒  
#2 Shutoff ☒  
Relief Valve Exercised ☐

	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
Initial Test	12/22/20	Mel Bartelmey		XC2444	01143225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Repairs							
Final Test						<input type="checkbox"/>	<input type="checkbox"/>



1601 Atlantic Drive Suite 101 West Chicago, IL 60185 (630) 231-1595 fax: (630) 231 - 0550 www.nibackflow.com

**Service Address**

Address: 650 Pasquinelli Dr.  
Company: COLLEGE OF DUPAGE  
City: WESTMONT  
Hazard: DOM WATER  
Location: SPRINKLER ROOM

Serial #: AA9198  
Manufacturer: FEBCO  
Model: 825Y  
Type: RP  
Size: 2.000  
Hazard #: 4 of 5

	<b>Reduced Pressure Principle Assembly</b>			RP <input checked="" type="checkbox"/> DCDA <input type="checkbox"/> DC <input type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>
	<b>Double Check Valve Assembly</b>			
	<b>Check Valve #1</b>	<b>Check Valve #2</b>	<b>Relief Valve</b>	<b>PVB/SVB</b>
<b>Initial Test</b>	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>8.2</u> PSID	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>7.8</u> PSID	Did not Open <input type="checkbox"/> Opened at <u>2.4</u> PSID	<b>AIR INLET</b> Did not Open <input type="checkbox"/> Opened at _____ PSID
			Buffer <u>5.8</u> PSID	<b>CHECK VALVE</b> Leaked <input type="checkbox"/> Held at _____ PSID
<b>Repairs</b>	Repaired <input type="checkbox"/>			Repaired <input type="checkbox"/>
<b>Final Test</b>	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	<b>AIR INLET</b> Opened at _____ PSID <b>CHECK VALVE</b> Held at _____ PSID
			Buffer _____ PSID	

**Comments**

The above report is certified to be true.

Line Pressure \_\_\_\_\_  
 Held Backpressure ☒  
 #2 Shutoff ☒  
 Relief Valve Exercised ☒

	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
<b>Initial Test</b>	12/22/20	Mel Bartelmey		XC2444	01143225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Repairs</b>							
<b>Final Test</b>						<input type="checkbox"/>	<input type="checkbox"/>





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**Service Address**

Address: 650 Pasquinelli Dr.  
Company: COLLEGE OF DUPAGE  
City: WESTMONT  
Hazard: DOM WATER  
Location: SPRINKLER ROOM

Serial #: AA9716  
Manufacturer: FEBCO  
Model: 805Y  
Type: DC  
Size: 0.750  
Hazard #: 5 of 5

Reduced Pressure Principle Assembly				
Double Check Valve Assembly				RP <input type="checkbox"/> DCDA <input type="checkbox"/> DC <input checked="" type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
<b>Initial Test</b>	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>2.0</u> PSID	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>1.8</u> PSID	Did not Open <input type="checkbox"/> Opened at _____ PSID	<b>AIR INLET</b> Did not Open <input type="checkbox"/> Opened at _____ PSID
			Buffer _____ PSID	<b>CHECK VALVE</b> Leaked <input type="checkbox"/> Held at _____ PSID
<b>Repairs</b>	Repaired <input type="checkbox"/>			Repaired <input type="checkbox"/>
<b>Final Test</b>	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	<b>AIR INLET</b> Opened at _____ PSID <b>CHECK VALVE</b> Held at _____ PSID
			Buffer _____ PSID	

**Comments**

The above report is certified to be true.

Line Pressure \_\_\_\_\_  
 Held Backpressure ☒  
 #2 Shutoff ☒  
 Relief Valve Exercised ☐

	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
<b>Initial Test</b>	12/22/20	Mel Bartelmey		XC2444	01143225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Repairs</b>							
<b>Final Test</b>						<input type="checkbox"/>	<input type="checkbox"/>



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**Service Address**

Address: 500 N. Kuhn Road  
 Company: College of DuPage (Carol Stream)  
 City: Carol Stream  
 Hazard: FIRE SRV BYPASS  
 Location: Sprinkler Room

Serial #: 34870  
 Manufacturer: AMES  
 Model: 2000B  
 Type: DC  
 Size: 0.750  
 Hazard #: 3 of 4

	Reduced Pressure Principle Assembly			RP <input type="checkbox"/> DCDA <input type="checkbox"/> DC <input checked="" type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>
	Double Check Valve Assembly			
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
<b>Initial Test</b>	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <b>2.6</b> PSID	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <b>2.2</b> PSID	Did not Open <input type="checkbox"/> Opened at _____ PSID	<b>AIR INLET</b> Did not Open <input type="checkbox"/> Opened at _____ PSID
			Buffer _____ PSID	<b>CHECK VALVE</b> Leaked <input type="checkbox"/> Held at _____ PSID
<b>Repairs</b>	Repaired <input type="checkbox"/>			Repaired <input type="checkbox"/>
<b>Final Test</b>	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	<b>AIR INLET</b> Opened at _____ PSID <b>CHECK VALVE</b> Held at _____ PSID
			Buffer _____ PSID	

**Comments**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The above report is certified to be true.

Line Pressure \_\_\_\_\_  
 Held Backpressure ☒  
 #2 Shutoff ☒  
 Relief Valve Exercised ☐

	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
<b>Initial Test</b>	12/22/20	Mel Bartelmey		XC2444	01143225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Repairs</b>							
<b>Final Test</b>						<input type="checkbox"/>	<input type="checkbox"/>



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### Service Address

Address: 500 N. Kuhn Road  
 Company: College of DuPage (Carol Stream)  
 City: Carol Stream  
 Hazard: DOM WATER  
 Location: Sprinkler Room

Serial #: 0125141  
 Manufacturer: WILKINS  
 Model: 975XL  
 Type: RP  
 Size: 2.000  
 Hazard #: 4 of 4

	<b>Reduced Pressure Principle Assembly</b>			RP <input checked="" type="checkbox"/> DCDA <input type="checkbox"/> DC <input type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>
	<b>Double Check Valve Assembly</b>			
	<b>Check Valve #1</b>	<b>Check Valve #2</b>	<b>Relief Valve</b>	<b>PVB/SVB</b>
<b>Initial Test</b>	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <b>8.0</b> PSID	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <b>8.0</b> PSID	Did not Open <input type="checkbox"/> Opened at <b>2.2</b> PSID	<b>AIR INLET</b> Did not Open <input type="checkbox"/> Opened at _____ PSID
			Buffer <b>5.8</b> PSID	<b>CHECK VALVE</b> Leaked <input type="checkbox"/> Held at _____ PSID
<b>Repairs</b>	Repaired <input type="checkbox"/>			Repaired <input type="checkbox"/>
<b>Final Test</b>	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	<b>AIR INLET</b> Opened at _____ PSID <b>CHECK VALVE</b> Held at _____ PSID
			Buffer _____ PSID	

### Comments

The above report is certified to be true.

Line Pressure \_\_\_\_\_  
 Held Backpressure ☒  
 #2 Shutoff ☒  
 Relief Valve Exercised ☒

	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
<b>Initial Test</b>	12/22/20	Mel Bartelmey		XC2444	01143225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Repairs</b>							
<b>Final Test</b>						<input type="checkbox"/>	<input type="checkbox"/>



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(630) 231-1595

fax: (630) 231 - 0550

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### Service Address

Address: 500 N. Kuhn Road

Company: College of DuPage (Carol Stream)

City: Carol Stream

Hazard: BOILER

Location: Mechanical Room

Serial #: W127197

Manufacturer: WILKINS

Model: 975XL

Type: RP

Size: 0.750

Hazard #: 1 of 4

Reduced Pressure Principle Assembly				
Double Check Valve Assembly				RP <input checked="" type="checkbox"/> DCDA <input type="checkbox"/> DC <input type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
Initial Test	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>9.0</u> PSID	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>8.6</u> PSID	Did not Open <input type="checkbox"/> Opened at <u>3.0</u> PSID	<b>AIR INLET</b> Did not Open <input type="checkbox"/> Opened at _____ PSID
			Buffer <u>6.0</u> PSID	<b>CHECK VALVE</b> Leaked <input type="checkbox"/> Held at _____ PSID
Repairs	Repaired <input type="checkbox"/>			Repaired <input type="checkbox"/>
Final Test	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	<b>AIR INLET</b> Opened at _____ PSID <b>CHECK VALVE</b> Held at _____ PSID
			Buffer _____ PSID	

### Comments

The above report is certified to be true.

Line Pressure \_\_\_\_\_

Held Backpressure ☒

#2 Shutoff ☒

Relief Valve Exercised ☒

	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
Initial Test	12/22/20	Mel Bartelmey		XC2444	01143225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Repairs							
Final Test						<input type="checkbox"/>	<input type="checkbox"/>





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### Service Address

Address: 500 N. Kuhn Road

Company: College of DuPage (Carol Stream)

City: Carol Stream

Hazard: FIRE SERVICE

Location: Sprinkler Room

Serial #: DL-0496

Manufacturer: AMES

Model: MAXIM 300

Type: DC

Size: 4.000

Hazard #: 2 of 4

Reduced Pressure Principle Assembly				
Double Check Valve Assembly				RP <input type="checkbox"/> DCDA <input type="checkbox"/> DC <input checked="" type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
Initial Test	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <b>2.8</b> PSID	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <b>2.6</b> PSID	Did not Open <input type="checkbox"/> Opened at _____ PSID	<b>AIR INLET</b> Did not Open <input type="checkbox"/> Opened at _____ PSID
			Buffer _____ PSID	<b>CHECK VALVE</b> Leaked <input type="checkbox"/> Held at _____ PSID
Repairs	Repaired <input type="checkbox"/>			Repaired <input type="checkbox"/>
Final Test	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	<b>AIR INLET</b> Opened at _____ PSID
			Buffer _____ PSID	<b>CHECK VALVE</b> Held at _____ PSID

### Comments

The above report is certified to be true.

Line Pressure \_\_\_\_\_  
 Held Backpressure ☒  
 #2 Shutoff ☒  
 Relief Valve Exercised ☐

	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
Initial Test	12/22/20	Mel Bartelmey		XC2444	01143225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Repairs							
Final Test						<input type="checkbox"/>	<input type="checkbox"/>

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087084  
Vendor Name: Northern Illinois Backflow  
Invoice Number: 23776  
Invoice Date: 12/22/20  
PO Number: B0371938  
Check Number: E0082790  
Check Amount: \$ 754.50  
Check Date: 01/06/2021  
Department ID: 00705  
Reviewer Name: Kathy Striplin  
Voucher Number: V0657647  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: Barrios, Isabel <barriosi142@cod.edu>  
Sent: Fri Jan 01 21:46:01 CST 2021  
To: invoicing@cod.edu  
CC:  
Subject: Attached Document  
-----

[attachment: 321Z4DW\_04VPQ2ZG40006D3\_page2.tif]  
[attachment: 321Z4DW\_04VPQ2ZG40006D3\_page4.tif]  
[attachment: 321Z4DW\_04VPQ2ZG40006D3\_page5.tif]  
[attachment: 321Z4DW\_04VPQ2ZG40006D3\_page6.tif]  
[attachment: 321Z4DW\_04VPQ2ZG40006D3\_page7.tif]  
[attachment: 321Z4DW\_04VPQ2ZG40006D3\_page8.tif]



# Northern Illinois Backflow

1601 Atlantic Drive Ste. 101  
West Chicago, IL 60185

## Invoice

Date	Invoice #
12/22/2020	23776

Bill To
College of DuPage Accounts Payable, SRC2049 425 Fawell Blvd Glen Ellyn, IL 60137

Ship To
650 Pasquinelli Westmont, IL

**APPROVED**  
**01/05/21 - DONALD INMAN**

Purchase Order	Rep	Tech	Terms	Due Date
PO 371922	JS	MEL	Net 30	1/21/2021

Item	Description	Invoiced	Rate	Amount
Annual Backflow - ...	Annual Backflow Prevention Test on 5 devices. All 5 devices passed. Report has been filed with BSI database.	5	40.05	200.25
BSI- Westmont	BSI Online filing fee-Westmont	5	16.95	84.75
<b>INVOICE REVIEWED OKAY TO PAY KATHY STRIPLIN 01/05/21</b>				
A 3% Administrative Fee Will be Added to All Payments Made by Credit Card				

**Total** \$285.00

**Payments/Credits** \$0.00

**Balance Due** \$285.00

Phone #	Fax #	E-mail	Web Site
630-231-1595	630-231-0550	service@nibackflow.com	www.nibackflow.com





1601 Atlantic Drive Suite 101 West Chicago, IL 60185 (630) 231-1595 fax: (630) 231 - 0550 www.nibackflow.com

**Service Address**

Address: 650 Pasquinelli Dr.  
Company: COLLEGE OF DUPAGE  
City: WESTMONT  
Hazard: DOM WATER  
Location: SPRINKLER ROOM

Serial #: 281129  
Manufacturer: WATTS  
Model: 909M3QT  
Type: RPPA  
Size: 0.750  
Hazard #: 1 of 5

Reduced Pressure Principle Assembly				
Double Check Valve Assembly				
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
Initial Test	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not Open <input type="checkbox"/>	AIR INLET
	Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>	Opened at <u>2.2</u> PSID	Did not Open <input type="checkbox"/>
	Held at <u>7.2</u> PSID	Held at <u>7.0</u> PSID		Opened at _____ PSID
			Buffer <u>5.0</u> PSID	CHECK VALVE
				Leaked <input type="checkbox"/>
				Held at _____ PSID
Repairs	Repaired <input type="checkbox"/>			Repaired <input type="checkbox"/>
Final Test	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	AIR INLET
	Held at _____ PSID	Held at _____ PSID	Buffer _____ PSID	Opened at _____ PSID
				CHECK VALVE
				Held at _____ PSID

**Comments**

The above report is certified to be true.

Line Pressure \_\_\_\_\_  
Held Backpressure ☒  
#2 Shutoff ☒  
Relief Valve Exercised ☒

	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
Initial Test	12/22/20	Mel Bartelmey		XC2444	01143225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Repairs							
Final Test						<input type="checkbox"/>	<input type="checkbox"/>



1601 Atlantic Drive

Suite 101

West Chicago, IL 60185

(630) 231-1595

fax: (630) 231 - 0550

www.nibackflow.com

**Service Address**

Address: 650 Pasquinelli Dr.  
Company: COLLEGE OF DUPAGE  
City: WESTMONT  
Hazard: DOM WATER  
Location: SPRINKLER ROOM

Serial #: AA9212  
Manufacturer: FEBCO  
Model: 825Y  
Type: RP  
Size: 2.000  
Hazard #: 2 of 5

	Reduced Pressure Principle Assembly			RP <input checked="" type="checkbox"/> DCDA <input type="checkbox"/> DC <input type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>
	Double Check Valve Assembly			
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
Initial Test	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>8.6</u> PSID	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>8.2</u> PSID	Did not Open <input type="checkbox"/> Opened at <u>2.6</u> PSID	<b>AIR INLET</b> Did not Open <input type="checkbox"/> Opened at _____ PSID
			Buffer <u>6.0</u> PSID	<b>CHECK VALVE</b> Leaked <input type="checkbox"/> Held at _____ PSID
Repairs	Repaired <input type="checkbox"/>			Repaired <input type="checkbox"/>
Final Test	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	<b>AIR INLET</b> Opened at _____ PSID <b>CHECK VALVE</b> Held at _____ PSID
			Buffer _____ PSID	

**Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
The above report is certified to be true.

Line Pressure \_\_\_\_\_  
Held Backpressure ☒  
#2 Shutoff ☒  
Relief Valve Exercised ☒

	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
Initial Test	12/22/20	Mel Bartelmey		XC2444	01143225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Repairs							
Final Test						<input type="checkbox"/>	<input type="checkbox"/>



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**Service Address**

Address: 650 Pasquinelli Dr.  
Company: COLLEGE OF DUPAGE  
City: WESTMONT  
Hazard: DOM WATER  
Location: SPRINKLER ROOM

Serial #: B4639  
Manufacturer: FEBCO  
Model: 805YD  
Type: DC  
Size: 4.000  
Hazard #: 3 of 5

	Reduced Pressure Principle Assembly			RP <input type="checkbox"/> DCDA <input type="checkbox"/> DC <input checked="" type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>
	Double Check Valve Assembly			
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
Initial Test	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>2.0</u> PSID	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>1.8</u> PSID	Did not Open <input type="checkbox"/> Opened at _____ PSID	<b>AIR INLET</b> Did not Open <input type="checkbox"/> Opened at _____ PSID
			Buffer _____ PSID	<b>CHECK VALVE</b> Leaked <input type="checkbox"/> Held at _____ PSID
Repairs	Repaired <input type="checkbox"/>			Repaired <input type="checkbox"/>
Final Test	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	<b>AIR INLET</b> Opened at _____ PSID
			Buffer _____ PSID	<b>CHECK VALVE</b> Held at _____ PSID

**Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
The above report is certified to be true.

Line Pressure \_\_\_\_\_  
Held Backpressure ☒  
#2 Shutoff ☒  
Relief Valve Exercised ☐

	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
Initial Test	12/22/20	Mel Bartelmey		XC2444	01143225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Repairs							
Final Test						<input type="checkbox"/>	<input type="checkbox"/>



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**Service Address**

Address: 650 Pasquinelli Dr.  
Company: COLLEGE OF DUPAGE  
City: WESTMONT  
Hazard: DOM WATER  
Location: SPRINKLER ROOM

Serial #: AA9198  
Manufacturer: FEBCO  
Model: 825Y  
Type: RP  
Size: 2.000  
Hazard #: 4 of 5

	Reduced Pressure Principle Assembly			RP <input checked="" type="checkbox"/> DCDA <input type="checkbox"/> DC <input type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>
	Double Check Valve Assembly			
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
Initial Test	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>8.2</u> PSID	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>7.8</u> PSID	Did not Open <input type="checkbox"/> Opened at <u>2.4</u> PSID	<b>AIR INLET</b> Did not Open <input type="checkbox"/> Opened at _____ PSID
			Buffer <u>5.8</u> PSID	<b>CHECK VALVE</b> Leaked <input type="checkbox"/> Held at _____ PSID
Repairs	Repaired <input type="checkbox"/>			Repaired <input type="checkbox"/>
Final Test	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	<b>AIR INLET</b> Opened at _____ PSID <b>CHECK VALVE</b> Held at _____ PSID
			Buffer _____ PSID	

**Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
The above report is certified to be true.

Line Pressure \_\_\_\_\_  
Held Backpressure ☒  
#2 Shutoff ☒  
Relief Valve Exercised ☒

	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
Initial Test	12/22/20	Mel Bartelmey		XC2444	01143225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Repairs							
Final Test						<input type="checkbox"/>	<input type="checkbox"/>



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**Service Address**

Address: 650 Pasquinelli Dr.  
Company: COLLEGE OF DUPAGE  
City: WESTMONT  
Hazard: DOM WATER  
Location: SPRINKLER ROOM

Serial #: AA9716  
Manufacturer: FEBCO  
Model: 805Y  
Type: DC  
Size: 0.750  
Hazard #: 5 of 5

Reduced Pressure Principle Assembly				RP <input type="checkbox"/> DCDA <input type="checkbox"/> DC <input checked="" type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>
Double Check Valve Assembly				
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
Initial Test	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>2.0</u> PSID	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>1.8</u> PSID	Did not Open <input type="checkbox"/> Opened at _____ PSID	<b>AIR INLET</b> Did not Open <input type="checkbox"/> Opened at _____ PSID
			Buffer _____ PSID	<b>CHECK VALVE</b> Leaked <input type="checkbox"/> Held at _____ PSID
Repairs	Repaired <input type="checkbox"/>			Repaired <input type="checkbox"/>
Final Test	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	<b>AIR INLET</b> Opened at _____ PSID
			Buffer _____ PSID	<b>CHECK VALVE</b> Held at _____ PSID

**Comments**

The above report is certified to be true.

Line Pressure \_\_\_\_\_  
 Held Backpressure ☒  
 #2 Shutoff ☒  
 Relief Valve Exercised ☐

	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
Initial Test	12/22/20	Mel Bartelmey		XC2444	01143225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Repairs							
Final Test						<input type="checkbox"/>	<input type="checkbox"/>