



WATER UTILITIES LEE'S SUMMIT

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Backflow Prevention Assembly Test Data & Maintenance Report

Customer <i>Discovery Park Animal Hospital</i>			
Service Address <i>1901 NE Trails Edge Blvd</i>			
Location of Backflow Assembly on Property <i>Maintenance room West side of Bldg</i>			
Date of Test <i>1-8-26</i>	Time <i>1:10</i> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Supply Pressure <i>100</i> LBS	Air Gap (2 x Supply Diameter) Supply: <i>2</i> IN. Gap: <i>4</i> IN. <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL
Type of Assembly <input type="checkbox"/> DC <input type="checkbox"/> DCDA (Detector) <input type="checkbox"/> PVB* (See Bottom of Form)	<input checked="" type="checkbox"/> RP <input type="checkbox"/> RPDA (Detector)	Manufacturer <i>Watts</i>	Model <i>LF009M2RT</i> Size <i>1 1/2</i> Serial Number <i>152060</i>
Height off Floor <i>2</i> FT <i>0</i> IN	Protection From Freezing: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Flooding: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Supply Source <input checked="" type="checkbox"/> Public Potable Water <input type="checkbox"/> Both <input type="checkbox"/> Non-Potable Water (e.g., LAKE)	New Installation <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Initial Test	Passed	Failed	Final Test After Repair
Reduced Pressure Principle Assembly:	<input type="checkbox"/>	<input type="checkbox"/>	Reduced Pressure Principle Assembly:
RELIEF VALVE opened at <i>3.0</i> PSID (2 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>	RELIEF VALVE opened at _____ PSID (2 PSID or more)
2nd CHECK held backpressure	<input type="checkbox"/>	<input type="checkbox"/>	2nd CHECK held backpressure
NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/>	<input type="checkbox"/>	NO. 2 SHUTOFF VALVE leak tight
1st CHECK held in direction of flow <i>8.0</i> PSID (5 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>	1st CHECK held in direction of flow _____ PSID (5 PSID or more)
DIFFERENCE (1st check - relief) <i>5.0</i> PSID (3 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>	DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)
Note: Failure of any of the above items, requires repair.			Note: Failure of any of the above items, requires repair.
Initial Test	Passed	Failed	Final Test After Repair
Double Check Valve Assembly:	<input type="checkbox"/>	<input type="checkbox"/>	Double Check Valve Assembly:
1st CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>	1st CHECK held in direction of flow _____ PSID (1 PSID or more)
2nd CHECK held backpressure	<input type="checkbox"/>	<input type="checkbox"/>	2nd CHECK held backpressure
2nd CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>	2nd CHECK held in direction of flow _____ PSID (1 PSID or more)
NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/>	<input type="checkbox"/>	NO. 2 SHUTOFF VALVE leak tight
Note: Failure of any of the above items, requires repair.			Note: Failure of any of the above items, requires repair.
Application:	Comments		
<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Irrigation <input type="checkbox"/> Fire Line <input type="checkbox"/> Fire Line By-Pass **Meter # _____ **Meter Read _____ <input type="checkbox"/> Point of Use	<i>2nd check: 1.4</i>		
The Above Report is Certified to be True, Accurate and Complete			
Tested By (Print) <i>Dustin Ashley</i>	(Signature) <i>Dustin Ashley</i>	Repaired by (Print) _____ (Signature) _____	Date of Repair _____
Company <i>H+H Environmental</i>	Final Test By (Print) _____ (Signature) _____	Date of Final Test _____	
Missouri Certification Number <i>3413971</i>	Expiration Date <i>6-30-27</i>	Owner or Owner's Representative _____	Date <i>1-8-26</i>
*If an existing PVB is beyond repair and needs replacement, it should be replaced by a DC or RP to meet current State and City regulations. New PVB installations or replacements are not permitted. **METER # and METER READ for the fire line by-pass meter on detector assemblies are required. Missouri State Regulation 10 CSR 60-11-010(6)(E) requires testers to report results of tests and inspections to the customer and water supplier.			