



Backflow Prevention Assembly Test Data & Maintenance Report

ACCOUNT INFORMATION

Location Name THE TRILOGY		
Contact Name	Contact Email	Phone
Service Address 800 NW WARD RD, LEES SUMMIT MO, 64086		

ASSEMBLY INFORMATION

Device Type RP	Make Watts	Model 009	Size 1	Serial Number 44361	Install Date 2025-04-16
Location POOL ROOM					

TESTING & MAINTENANCE

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves		
Initial Test	<input checked="" type="checkbox"/> Held at 9 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Held at 1.6 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Opened at 2.4 PSID <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Air Inlet Opened at PSID <input type="checkbox"/> Opened Fully <input type="checkbox"/> Check Held at PSID <input type="checkbox"/> Leaked	Closed Tight  Leaked	#1	#2
						<input type="checkbox"/>	<input type="checkbox"/>
REPAIR	<input type="checkbox"/> Cleaned Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Other	<input type="checkbox"/> Cleaned Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Other	<input type="checkbox"/> Cleaned Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Other	<input type="checkbox"/> Cleaned Replaced: <input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Disc <input type="checkbox"/> Check Spring <input type="checkbox"/> Float <input type="checkbox"/> Diaphragm <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Other			
	Final Test	PSID <input type="checkbox"/> Closed Tight	PSID <input type="checkbox"/> Closed Tight	Opened at PSID	Air Inlet PSID CK Valve PSID	Closed Tight	<input type="checkbox"/>
Line Pressure at Time of Test		Test Date 2025-04-16		System Test Result Pass			
Remarks							

TESTER ATTESTATION, TEST KIT INFORMATION & TEST RESULTS

<input checked="" type="checkbox"/> The above report is certified to be true.			
Gauge Make MID-WEST	Model CPC6000	Gauge No. 610183	Calibration Date 2024-12-05
Tester Name Dan Gomer	Testing Company Name Blue River Plumbing		Cert. No. 54597