



CITY OF LEE'S SUMMIT
WATER UTILITIES DEPARTMENT
220 SE GREEN ST., LEE'S SUMMIT, MO 64064
PHONE: (816) 969-1930 FAX: (816) 969-1935 EMAIL: backflow@cityofls.net

Print Form

BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

| | | | | | | | |
|--|------|---|-----------------|---------------------------------|--|---|--|
| CUSTOMER | | Saint Lukes hospital east | | | | | |
| SERVICE ADDRESS | | 100 north east saint luke blvd | | | | | |
| LOCATION OF BACKFLOW ASSEMBLY ON PROPERTY | | Door #1A021 temporary grab n go | | | | | |
| DATE OF TEST | TIME | <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. | SUPPLY PRESSURE | AIR GAP (2 X SUPPLY DIAMETER) | | SUPPLY IN. GAP IN. <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL | |
| 1-13-14 | 9:30 | | 72 LBS | | | | |
| TYPE OF ASSEMBLY | | MANUFACTURER | | MODEL | | SIZE | |
| <input checked="" type="checkbox"/> DC <input type="checkbox"/> DCDA (DETECTOR) <input type="checkbox"/> RP <input type="checkbox"/> RPDA (DETECTOR) <input type="checkbox"/> PVB* (SEE BOTTOM OF FORM) | | Watts | | LF007QT | | 1/2 | |
| SERIAL NUMBER | | 03437 | | | | | |
| HEIGHT OFF FLOOR | | PROTECTION FROM: | | COMMENTS | | NEW INSTALLATION | |
| 4 FT 3 IN | | FREEZING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FLOODING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| INITIAL TEST | | PASSED | | FAILED | | FINAL TEST AFTER REPAIR | |
| REDUCED PRESSURE PRINCIPLE ASSEMBLY: | | | | | | REDUCED PRESSURE PRINCIPLE ASSEMBLY: | |
| RELIEF VALVE | | <input type="checkbox"/> | | <input type="checkbox"/> | | RELIEF VALVE | |
| OPENED AT _____ PSID (2 PSID or more) | | <input type="checkbox"/> | | <input type="checkbox"/> | | 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 _____ 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) _____ 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 VAVLE ASSEMBLY: | | | | | | DOUBLE CHECK VAVLE ASSEMBLY: | |
| 1ST CHECK held in direction of flow 1.6 PSID (1 PSID or more) | | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | | 1ST CHECK held in direction of flow _____ PSID (1 PSID or more) | |
| 2ND CHECK held backpressure | | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | | 2ND CHECK held backpressure | |
| 2ND CHECK held in direction of flow 1.4 PSID (1 PSID or more) | | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | | 2ND CHECK held in direction of flow _____ PSID (1 PSID or more) | |
| NO. 2 SHUTOFF VALVE leak tight | | <input checked="" 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 | | | | | | | |
| THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE | | | | | | | |
| TESTED BY (PRINT) | | SIGNATURE | | REPAIRED BY (PRINT) | | SIGNATURE | |
| David Walberg | | | | | | | |
| COMPANY | | | | FINAL TEST BY (PRINT) | | SIGNATURE | |
| US Engineering | | | | | | | |
| MISSOURI CERTIFICATION NUMBER | | EXPIRATION DATE | | OWNER OR OWNER'S REPRESENTATIVE | | DATE | |
| 14-5249 | | 5-31-15 | | | | | |
| * 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. | | | | | | | |
| DISTRIBUTION: WHITE - WATER SUPPLIER CANARY - OWNER PINK - TESTER | | | | | | | |



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|--|---|---|----------------------------------|---|--|---|--|
| CUSTOMER <u>Saint Lukes Hospital east</u> | | | | | | | |
| SERVICE ADDRESS <u>100 north east saint luke blvd</u> | | | | | | | |
| LOCATION OF BACKFLOW ASSEMBLY ON PROPERTY <u>Door # 1A201 temporary grabandgo</u> | | | | | | | |
| DATE OF TEST <u>1-13-14</u> | TIME <u>10:15</u> | <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. | SUPPLY PRESSURE <u>72</u> LBS | AIR GAP (2 X SUPPLY DIAMETER) SUPPLY <u>IN.</u> GAP <u>IN.</u> | <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL | | |
| TYPE OF ASSEMBLY <input checked="" type="checkbox"/> DC <input type="checkbox"/> DCDA (DETECTOR) <input type="checkbox"/> RP <input type="checkbox"/> RPDA (DETECTOR) <input type="checkbox"/> PVB* (SEE BOTTOM OF FORM) | MANUFACTURER <u>Watts</u> | MODEL <u>LF007QT</u> | SIZE <u>1/2</u> | SERIAL NUMBER <u>03415</u> | | | |
| HEIGHT OFF FLOOR <u>4</u> FT <u>6</u> IN | PROTECTION FROM: FREEZING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FLOODING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | COMMENTS | | NEW INSTALLATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| INITIAL TEST REDUCED PRESSURE PRINCIPLE ASSEMBLY: RELIEF VALVE OPENED AT <u> </u> PSID (2 PSID or more) <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED 2ND CHECK held backpressure <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED NO. 2 SHUTOFF VALVE leak tight <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED 1ST CHECK held in direction of flow <u> </u> PSID (5 PSID or more) <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED DIFFERENCE (1st check - relief) <u> </u> PSID (3 PSID or more) <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED NOTE: Failure of any of the above items, requires repair. | | | | FINAL TEST AFTER REPAIR REDUCED PRESSURE PRINCIPLE ASSEMBLY: RELIEF VALVE OPENED AT <u> </u> PSID (2 PSID or more) <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED 2ND CHECK held backpressure <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED NO. 2 SHUTOFF VALVE leak tight <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED 1ST CHECK held in direction of flow <u> </u> PSID (5 PSID or more) <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED DIFFERENCE (1st check - relief) <u> </u> PSID (3 PSID or more) <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED NOTE: Failure of any of the above items, requires repair. | | | |
| INITIAL TEST DOUBLE CHECK VAVLE ASSEMBLY: 1ST CHECK held in direction of flow <u>1.4</u> PSID (1 PSID or more) <input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED 2ND CHECK held backpressure <input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED 2ND CHECK held in direction of flow <u>1.2</u> PSID (1 PSID or more) <input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED NO. 2 SHUTOFF VALVE leak tight <input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED NOTE: Failure of any of the above items, requires repair. | | | | FINAL TEST AFTER REPAIR DOUBLE CHECK VAVLE ASSEMBLY: 1ST CHECK held in direction of flow <u> </u> PSID (1 PSID or more) <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED 2ND CHECK held backpressure <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED 2ND CHECK held in direction of flow <u> </u> PSID (1 PSID or more) <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED NO. 2 SHUTOFF VALVE leak tight <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED NOTE: Failure of any of the above items, requires repair. | | | |
| APPLICATION: <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> FIRE LINE <input type="checkbox"/> FIRE LINE BY-PASS **METER # <u> </u> **METER READ <u> </u> <input type="checkbox"/> POINT OF USE | | COMMENTS | | | | | |
| THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE | | | | | | | |
| TESTED BY (PRINT) <u>David Walberg</u> | | (SIGNATURE) <u>[Signature]</u> | | REPAIRED BY (PRINT) <u> </u> | | (SIGNATURE) <u> </u> | |
| COMPANY <u>U.S. Engineering</u> | | | | FINAL TEST BY (PRINT) <u> </u> | | (SIGNATURE) <u> </u> | |
| MISSOURI CERTIFICATION NUMBER <u>19-5249</u> | | EXPIRATION DATE <u>5-31-15</u> | | OWNER OR OWNER'S REPRESENTATIVE <u> </u> | | DATE <u> </u> | |
| * 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. | | | | | | | |