



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

046-021-0185  
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Print Form

# BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER <b>St Lukes Hospital</b>									
SERVICE ADDRESS <b>100 NE St Lukes Blvd,</b>									
LOCATION OF BACKFLOW ASSEMBLY ON PROPERTY <b>Temporary kitchen Protects ice maker</b>									
DATE OF TEST <b>2-19-14</b>		TIME : <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		SUPPLY PRESSURE <b>70</b> LBS		AIR GAP (2 X SUPPLY DIAMETER) SUPPLY IN. GAP IN.		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
TYPE OF ASSEMBLY <input type="checkbox"/> DC <input type="checkbox"/> RP <input type="checkbox"/> DCDA (DETECTOR) <input type="checkbox"/> RPDA (DETECTOR) <input type="checkbox"/> PVB* (SEE BOTTOM OF FORM)		MANUFACTURER <b>Watts</b>		MODEL <b>LF009QT</b>		SIZE <b>1/2"</b>		SERIAL NUMBER <b>17403</b>	
HEIGHT OFF FLOOR __ FT __ 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	
<b>INITIAL TEST</b>					<b>FINAL TEST AFTER REPAIR</b>				
<b>REDUCED PRESSURE PRINCIPLE ASSEMBLY:</b>					<b>REDUCED PRESSURE PRINCIPLE ASSEMBLY:</b>				
RELIEF VALVE OPENED AT <b>4.4</b> PSID (2 PSID or more)					RELIEF VALVE OPENED AT ____ PSID (2 PSID or more)				
2ND CHECK held backpressure					2ND CHECK held backpressure				
NO. 2 SHUTOFF VALVE leak tight					NO. 2 SHUTOFF VALVE leak tight				
1ST CHECK held in direction of flow <b>8.8</b> PSID (5 PSID or more)					1ST CHECK held in direction of flow ____ PSID (5 PSID or more)				
DIFFERENCE (1st check - relief) <b>4.4</b> PSID (3 PSID or more)					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.				
<b>INITIAL TEST</b>					<b>FINAL TEST AFTER REPAIR</b>				
<b>DOUBLE CHECK VAVLE ASSEMBLY:</b>					<b>DOUBLE CHECK VAVLE ASSEMBLY:</b>				
1ST CHECK held in direction of flow ____ PSID (1 PSID or more)					1ST CHECK held in direction of flow ____ PSID (1 PSID or more)				
2ND CHECK held backpressure					2ND CHECK held backpressure				
2ND CHECK held in direction of flow ____ PSID (1 PSID or more)					2ND CHECK held in direction of flow ____ PSID (1 PSID or more)				
NO. 2 SHUTOFF VALVE leak tight					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.				
<b>APPLICATION:</b>					<b>COMMENTS</b>				
<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 checked="" type="checkbox"/> POINT OF USE									
<b>THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE</b>									
TESTED BY (PRINT) <b>Kenny Hamilton</b> (SIGNATURE) <i>Kenny Hamilton</i>					REPAIRED BY (PRINT) _____ (SIGNATURE) _____				
COMPANY <b>USE Engineering Co.</b>					FINAL TEST BY (PRINT) _____ (SIGNATURE) _____				
MISSOURI CERTIFICATION NUMBER <b>14-2280</b> EXPIRATION DATE <b>5-31-15</b>					OWNER OR OWNER'S REPRESENTATIVE _____ DATE _____				
* 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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# BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER <b>St. Lukes Hospital</b>	
SERVICE ADDRESS <b>100 NE St Lukes Blvd.</b>	
LOCATION OF BACKFLOW ASSEMBLY ON PROPERTY <b>Temporary kitchen Protects coffee &amp; tea makers</b>	
DATE OF TEST <b>2-19-14</b>	TIME <b>7:00</b> A.M. <input type="checkbox"/> P.M.
SUPPLY PRESSURE <b>70</b> LBS	AIR GAP (2 X SUPPLY DIAMETER) SUPPLY <b>1/2"</b> IN. GAP <b>1/2"</b> IN. <input type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY <input checked="" type="checkbox"/> DCDCDA (DETECTOR) <input type="checkbox"/> RPDA (DETECTOR) <input type="checkbox"/> PVB* (SEE BOTTOM OF FORM)	MANUFACTURER <b>Watts</b>
MODEL <b>LF007QT</b>	SERIAL NUMBER <b>03187</b>
HEIGHT OFF FLOOR <b>0</b> FT <b>0</b> 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	
<b>INITIAL TEST</b>	
<b>REDUCED PRESSURE PRINCIPLE ASSEMBLY:</b>	
RELIEF VALVE OPENED AT <b>0</b> 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 <b>0</b> PSID (5 PSID or more)	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
DIFFERENCE (1st check - relief) <b>0</b> PSID (3 PSID or more)	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
NOTE: Failure of any of the above items, requires repair.	
<b>DOUBLE CHECK VAVLE ASSEMBLY:</b>	
1ST CHECK held in direction of flow <b>1.4</b> 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 <b>1.4</b> 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.	
<b>FINAL TEST AFTER REPAIR</b>	
<b>REDUCED PRESSURE PRINCIPLE ASSEMBLY:</b>	
RELIEF VALVE OPENED AT <b>0</b> 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 <b>0</b> PSID (5 PSID or more)	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
DIFFERENCE (1st check - relief) <b>0</b> PSID (3 PSID or more)	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
NOTE: Failure of any of the above items, requires repair.	
<b>DOUBLE CHECK VAVLE ASSEMBLY:</b>	
1ST CHECK held in direction of flow <b>0</b> 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 <b>0</b> 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.	
<b>APPLICATION:</b>	
<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 checked="" type="checkbox"/> POINT OF USE	
COMMENTS	
<b>THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE</b>	
TESTED BY (PRINT) <b>Kenny Hamilton</b>	(SIGNATURE) <b>Kenny Hamilton</b>
REPAIRED BY (PRINT) <b>US Engineering Co.</b>	(SIGNATURE) <b>US Engineering Co.</b>
FINAL TEST BY (PRINT) <b>US Engineering Co.</b>	(SIGNATURE) <b>US Engineering Co.</b>
MISSOURI CERTIFICATION NUMBER <b>14-2280</b>	EXPIRATION DATE <b>5-31-15</b>
OWNER OR OWNER'S REPRESENTATIVE	DATE
* 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.	

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