

FILE: PRCAN20140090



CITY OF LEE'S SUMMIT, MISSOURI
Support Services Division
P.O. Box 1600, Lee's Summit, Missouri 64063
Phone # 969-1930 Fax # 969-1935

BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER Saint Lukes East		ACCOUNT NUMBER	
SERVICE ADDRESS 100 NE St Lukes Blvd			
LOCATION OF DEVICE Kitchen Store Rm			
DATE OF TEST 6/10/14	TIME 12:10 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	SUPPLY PRESSURE B2 LBS	AIR GAP (2 X SUPPLY DIAM.) SUPPLY _____ IN. GAP _____ IN.
TYPE OF ASSEMBLY DC	MANUFACTURER Watts	MODEL LF007m3ST	SERIAL NUMBER 017041
HEIGHT OFF FLOOR 4' (IN/FT.)	PROTECTION FROM: FREEZING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FLOODING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		NEW INSTALLATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INITIAL TEST		FINAL TEST AFTER REPAIR	
REDUCED PRESSURE PRINCIPAL ASSEMBLY:		REDUCED PRESSURE PRINCIPAL ASSEMBLY:	
RELIEF VALVE OPENED AT _____ *PSID (2 PSID or more)		RELIEF VALVE OPENED AT _____ PSID (2 PSID or more)	
2ND CHECK held backpressure		2ND CHECK held backpressure	
NO. 2 SHUT OFF VALVE leak tight		NO. 2 SHUT OFF VALVE leak tight	
1ST CHECK held in direction of flow _____ *PSID (5 PSID or more)		1ST CHECK held in direction of flow _____ PSID (5 PSID or more)	
DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)		DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)	
*Pounds per Square Inch Differential		*Pounds per Square Inch Differential	
NOTE: Failure of any of the above items, requires repair.		NOTE: Failure of any of the above items, requires repair.	
INITIAL TEST		FINAL TEST AFTER REPAIR	
DOUBLE CHECK VALVE ASSEMBLY:		DOUBLE CHECK VALVE ASSEMBLY:	
1ST CHECK held in direction of flow 1.6 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 1.8 PSID (1 PSID or more)		2ND CHECK held in direction of flow _____ PSID (1 PSID or more)	
NO. 2 SHUT OFF VALVE leak tight		NO. 2 SHUT OFF VALVE leak tight	
NOTE: Failure of any of the above items, requires repair.		NOTE: Failure of any of the above items, requires repair.	
COMMENTS: NEW INSTALL			
REPAIR HISTORY Fixed 6/11/14			
THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE.			
TESTED BY (PRINT) Darin Uman (SIGNATURE) <i>[Signature]</i>		REPAIRED BY (PRINT) (SIGNATURE)	
COMPANY US Engineering		FINAL TEST BY (PRINT) (SIGNATURE)	
CERTIFICATION NUMBER H-0800		OWNER OR OWNER'S REPRESENTATIVE	
		DATE	

DISTRIBUTION: WHITE - WATER UTILITIES; YELLOW - OWNER OR TESTER.



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BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER Saint Lukes East		ACCOUNT NUMBER	
SERVICE ADDRESS 100 NE St Lukes Blvd			
LOCATION OF DEVICE Kitchen by high pressure spray system			
DATE OF TEST 6/10/14	TIME 10:15 <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	SUPPLY PRESSURE 81 LBS	AIR GAP (2 X SUPPLY DIAM.) 3/4 IN. GAP 3 IN.
TYPE OF ASSEMBLY RP2	MANUFACTURER Watts	MODEL 009M3QT	SIZE 3/4"
HEIGHT OFF FLOOR 4' (IN/FT.)	PROTECTION FROM: FREEZING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FLOODING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SERIAL NUMBER 14769	NEW INSTALLATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INITIAL TEST REDUCED PRESSURE PRINCIPAL ASSEMBLY: RELIEF VALVE OPENED AT 2.4 *PSID (2 PSID or more) 2ND CHECK held backpressure NO. 2 SHUT OFF VALVE leak tight 1ST CHECK held in direction of flow 8.8 *PSID (5 PSID or more) DIFFERENCE 6.4 PSID (3 PSID or more) (1st check - relief) NOTE: Failure of any of the above items, requires repair.		FINAL TEST AFTER REPAIR REDUCED PRESSURE PRINCIPAL ASSEMBLY: RELIEF VALVE OPENED AT _____ PSID (2 PSID or more) 2ND CHECK held backpressure NO. 2 SHUT OFF VALVE leak tight 1ST CHECK held in direction of flow _____ PSID (5 PSID or more) DIFFERENCE _____ PSID (3 PSID or more) (1st check - relief) *Pounds per Square Inch Differential	
INITIAL TEST DOUBLE CHECK VALVE ASSEMBLY: 1ST CHECK held in direction of flow _____ PSID (1 PSID or more) 2ND CHECK held backpressure 2ND CHECK held in direction of flow _____ PSID (1 PSID or more) NO. 2 SHUT OFF VALVE leak tight NOTE: Failure of any of the above items, requires repair.		FINAL TEST AFTER REPAIR DOUBLE CHECK VALVE ASSEMBLY: 1ST CHECK held in direction of flow _____ PSID (1 PSID or more) 2ND CHECK held backpressure 2ND CHECK held in direction of flow _____ PSID (1 PSID or more) NO. 2 SHUT OFF VALVE leak tight	
COMMENTS: NEW INSTALL			
REPAIR HISTORY Fixed 6/11/14			
THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE.			
TESTED BY (PRINT) Darin Urban		REPAIRED BY (PRINT) _____	
COMPANY US Engineering		FINAL TEST BY (PRINT) _____	
CERTIFICATION NUMBER 14-0800		OWNER OR OWNER'S REPRESENTATIVE _____	
		DATE _____	

DISTRIBUTION: WHITE - WATER UTILITIES; YELLOW - OWNER OR TESTER.