



WATER UTILITIES LEE'S SUMMIT

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BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER <i>H.T. Solutions</i>					
SERVICE ADDRESS <i>1440 Broadway - Lee's Summit, MO.</i>					
LOCATION OF BACKFLOW ASSEMBLY ON PROPERTY <i>Lee's Summit, MO.</i>					
DATE OF TEST <i>1-23-17</i>	TIME <i>10:30</i>	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	SUPPLY PRESSURE <i>110</i> LBS	AIR GAP (2 X SUPPLY DIAMETER) SUPPLY <i>1/4</i> IN. GAP <i>1/4</i> IN.	<input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY <input checked="" type="checkbox"/> DCDA (DETECTOR) <input type="checkbox"/> RPDA (DETECTOR) <input type="checkbox"/> PVB* (SEE BOTTOM OF FORM)		MANUFACTURER <i>ZURN</i>	MODEL <i>950XLD</i>	SIZE <i>6"</i>	SERIAL NUMBER <i>7251B</i>
HEIGHT OFF FLOOR <i>3 FT 0 IN</i>	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 type="checkbox"/> PUBLIC POTABLE WATER <input type="checkbox"/> BOTH <input checked="" type="checkbox"/> NON-POTABLE WATER (e.g., LAKE)		NEW INSTALLATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INITIAL TEST REDUCED PRESSURE PRINCIPLE ASSEMBLY: RELIEF VALVE OPENED AT ___ 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 ___ PSID (5 PSID or more) <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED DIFFERENCE (1st check - relief) ___ 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 ___ 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 ___ PSID (5 PSID or more) <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED DIFFERENCE (1st check - relief) ___ 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 <i>1.2</i> 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 <i>3.6</i> PSID (1 PSID or more) <input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED NO. 2 SHUTOFF VALVE leak tight <i>2.7</i> <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 ___ 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 ___ 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 # _____ **METER READ _____ <input type="checkbox"/>		COMMENTS <i>1.8 Double check OK.</i>			
THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE					
TESTED BY (PRINT) <i>Clinton L. Howerton</i>		REPAIRED BY (PRINT) <i>[Signature]</i>		DATE OF REPAIR	
COMPANY <i>C.L. Howerton Enter.</i>		FINAL TEST BY (PRINT) <i>[Signature]</i>		DATE OF FINAL TEST	
MISSOURI CERTIFICATION NUMBER <i>34-9739</i>		EXPIRATION DATE <i>9-30-2017</i>		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.					