



# WATER UTILITIES LEE'S SUMMIT

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## Backflow Prevention Assembly Test Data & Maintenance Report

Customer <u>Summit Homes</u>					
Service Address <u>317 N Ambersham Dr</u>					
Location of Backflow Assembly on Property <u>Next to meter</u>					
Date of Test <u>10/6/21</u>	Time <u>2:50</u> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Supply Pressure <u>100</u> LBS	Air Gap (2 x Supply Diameter) Supply: <u>NA</u> IN. Gap: <u>NA</u> IN. <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"/> PVB* (See Bottom of Form)	<input type="checkbox"/> RP <input type="checkbox"/> RPDA (Detector)	Manufacturer <u>Fabco</u>	Model <u>850</u>	Size <u>3/4"</u>	Serial Number <u>HFO9405</u>
Height off Floor <u>0</u> FT <u>4</u> IN	Protection From Freezing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Flooding: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Supply Source <input checked="" type="checkbox"/> Public Potable Water <input type="checkbox"/> Both <input type="checkbox"/> Non-Potable Water (e.g., LAKE)		New Installation <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>Initial Test</b>		<b>Passed</b>		<b>Failed</b>	
<b>Reduced Pressure Principle Assembly:</b>		<input type="checkbox"/>		<input type="checkbox"/>	
RELIEF VALVE opened at _____ PSID (2 PSID or more)		<input type="checkbox"/>		<input type="checkbox"/>	
2nd CHECK held backpressure		<input type="checkbox"/>		<input type="checkbox"/>	
NO. 2 SHUTOFF VALVE leak tight		<input type="checkbox"/>		<input type="checkbox"/>	
1st CHECK held in direction of flow _____ PSID (5 PSID or more)		<input type="checkbox"/>		<input type="checkbox"/>	
DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)		<input type="checkbox"/>		<input type="checkbox"/>	
Note: Failure of any of the above items, requires repair.					
<b>Initial Test</b>		<b>Passed</b>		<b>Failed</b>	
<b>Double Check Valve Assembly:</b>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
1st CHECK held in direction of flow <u>26</u> PSID (1 PSID or more)		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
2nd CHECK held backpressure		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
2nd CHECK held in direction of flow <u>32</u> PSID (1 PSID or more)		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
NO. 2 SHUTOFF VALVE leak tight		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Note: Failure of any of the above items, requires repair.					
<b>Final Test After Repair</b>		<b>Passed</b>		<b>Failed</b>	
<b>Reduced Pressure Principle Assembly:</b>		<input type="checkbox"/>		<input type="checkbox"/>	
RELIEF VALVE opened at _____ PSID (2 PSID or more)		<input type="checkbox"/>		<input type="checkbox"/>	
2nd CHECK held backpressure		<input type="checkbox"/>		<input type="checkbox"/>	
NO. 2 SHUTOFF VALVE leak tight		<input type="checkbox"/>		<input type="checkbox"/>	
1st CHECK held in direction of flow _____ PSID (5 PSID or more)		<input type="checkbox"/>		<input type="checkbox"/>	
DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)		<input type="checkbox"/>		<input type="checkbox"/>	
Note: Failure of any of the above items, requires repair.					
<b>Final Test After Repair</b>		<b>Passed</b>		<b>Failed</b>	
<b>Double Check Valve Assembly:</b>		<input type="checkbox"/>		<input type="checkbox"/>	
1st CHECK held in direction of flow _____ PSID (1 PSID or more)		<input type="checkbox"/>		<input type="checkbox"/>	
2nd CHECK held backpressure		<input type="checkbox"/>		<input type="checkbox"/>	
2nd CHECK held in direction of flow _____ PSID (1 PSID or more)		<input type="checkbox"/>		<input type="checkbox"/>	
NO. 2 SHUTOFF VALVE leak tight		<input type="checkbox"/>		<input type="checkbox"/>	
Note: Failure of any of the above items, requires repair.					
<b>Application:</b>		<b>Comments</b>			
<input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fire Line <input type="checkbox"/> Fire Line By-Pass **Meter # _____ **Meter Read _____ <input type="checkbox"/> Point of Use					
<b>The Above Report is Certified to be True, Accurate and Complete</b>					
Tested By (Print) <u>Tara Chaulz</u>		(Signature) <u>Tara Chaulz</u>		Repaired by (Print) (Signature) Date of Repair	
Company <u>Blue Cedar Landscape</u>		Final Test By (Print) (Signature)		Date of Final Test	
Missouri Certification Number <u>33-12568</u>		Expiration Date <u>3/31/24</u>		Owner or Owner's Representative <u>per contract</u> Date <u>10/6/21</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.					