



# WATER UTILITIES LEE'S SUMMIT

1200 SE Hamblen Road | Lee's Summit, MO 64081

P: 816.969.1900 | F: 816.969.1935

backflow@cityofls.net | LSwater.net

## Backflow Prevention Assembly Test Data & Maintenance Report

Customer **Trumark Homes**

Service Address **202 NW Ambersham**

Location of Backflow Assembly on Property **Front Yard by Water Meter**

Date of Test **12-14-2021** Time **10** : **30** AM ☒ PM ☐ Supply Pressure **90** LBS Air Gap (2 x Supply Diameter) ☐ PASS ☐ FAIL  
Supply: **n/a** IN. Gap: **n/a** IN.

Type of Assembly ☒ DC ☐ RP ☐ DCD (Detector) ☐ RPDA (Detector) ☐ PVB\* (See Bottom of Form) Manufacturer **Febco** Model **850** Size **3/4** Serial Number **HF-22912**

Height off Floor **n/a** FT **n/a** IN Protection From Freezing: ☐ Yes ☒ No Flooding: ☐ Yes ☒ No Supply Source ☒ Public Potable Water ☐ Both ☐ Non-Potable Water (e.g., LAKE) New Installation ☒ YES ☐ NO

Initial Test	Passed	Failed	Final Test After Repair	Passed	Failed
<b>Reduced Pressure Principle Assembly:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	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"/>	2nd CHECK held backpressure	<input type="checkbox"/>	<input type="checkbox"/>
NO. 2 SHUTOFF VALVE leak tight	<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"/>	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"/>	DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note: Failure of any of the above items, requires repair.</b>			<b>Note: Failure of any of the above items, requires repair.</b>		

Initial Test	Passed	Failed	Final Test After Repair	Passed	Failed
<b>Double Check Valve Assembly:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Double Check Valve Assembly:</b>	<input type="checkbox"/>	<input type="checkbox"/>
1st CHECK held in direction of flow <b>2.6</b> PSID (1 PSID or more)	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	2nd CHECK held backpressure	<input type="checkbox"/>	<input type="checkbox"/>
2nd CHECK held in direction of flow <b>2.4</b> PSID (1 PSID or more)	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note: Failure of any of the above items, requires repair.</b>			<b>Note: Failure of any of the above items, requires repair.</b>		

<b>Application:</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>Comments</b> <b>tested backflow working correctly</b>
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The Above Report is Certified to be True, Accurate and Complete

Tested By (Print) <b>Daniel J Coster</b>	(Signature)	Repaired by (Print)	(Signature)	Date of Repair
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Company <b>Pine Valley Lawn &amp; Landscape</b>	Final Test By (Print)	(Signature)	Date of Final Test
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Missouri Certification Number <b>34-11206</b>	Expiration Date <b>9-30-2022</b>	Owner or Owner's Representative	Date
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\*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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## Backflow Prevention Assembly Test Data & Maintenance Report

Customer **Trumark Homes**

Service Address **138 NW Ambersham**

Location of Backflow Assembly on Property **Basement Storage Area**

Date of Test **12-16-2021** Time **2** : **00** AM ☐ PM ☒ Supply Pressure **100** LBS Air Gap (2 x Supply Diameter) ☐ PASS ☐ FAIL  
Supply: **n/a** IN. Gap: **n/a** IN.

Type of Assembly ☒ DC ☐ RP ☐ DCD (Detector) ☐ RPDA (Detector) ☐ PVB\* (See Bottom of Form) Manufacturer **Febco** Model **850** Size **3/4** Serial Number **HF-23044**

Height off Floor **4** FT **n/a** IN Protection From Freezing: ☒ Yes ☐ No Flooding: ☒ Yes ☐ No Supply Source ☒ Public Potable Water ☐ Both ☐ Non-Potable Water (e.g., LAKE) New Installation ☒ YES ☐ NO

Initial Test	Passed	Failed	Final Test After Repair	Passed	Failed
<b>Reduced Pressure Principle Assembly:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	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"/>	2nd CHECK held backpressure	<input type="checkbox"/>	<input type="checkbox"/>
NO. 2 SHUTOFF VALVE leak tight	<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"/>	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"/>	DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>
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Initial Test	Passed	Failed	Final Test After Repair	Passed	Failed
<b>Double Check Valve Assembly:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Double Check Valve Assembly:</b>	<input type="checkbox"/>	<input type="checkbox"/>
1st CHECK held in direction of flow <b>2.8</b> PSID (1 PSID or more)	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	2nd CHECK held backpressure	<input type="checkbox"/>	<input type="checkbox"/>
2nd CHECK held in direction of flow <b>2.6</b> PSID (1 PSID or more)	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Application:</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	Comments <b>tested backflow working correctly</b>
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Tested By (Print) <b>Daniel J Coster</b>	(Signature)	Repaired by (Print) _____	(Signature) _____
Company <b>Pine Valley Lawn &amp; Landscape</b>		Final Test By (Print) _____	(Signature) _____
Missouri Certification Number <b>34-11206</b>	Expiration Date <b>9-30-2022</b>	Owner or Owner's Representative _____	Date _____

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