



# WATER UTILITIES LEE'S SUMMIT

220 SE GREEN ST, LEE'S SUMMIT, MO 64064  
PHONE: (816) 969-1930 FAX: (816) 969-1935  
EMAIL: backflow@cityofls.net WEB: lswater.net

## BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER: <u>ROMARK HOMES</u>																																			
SERVICE ADDRESS: <u>325 NW AMBERSHAW DR</u>																																			
LOCATION OF BACKFLOW ASSEMBLY ON PROPERTY: <u>BASEMENT AREA</u>																																			
DATE OF TEST: <u>12-28-2021</u>		TIME: <u>1:10</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		SUPPLY PRESSURE: <u>85</u> LBS		AIR GAP (2 X SUPPLY DIAMETER): <u>1/4</u> IN. GAP <u>1/4</u> IN. <input type="checkbox"/> PASS <input type="checkbox"/> FAIL																													
TYPE OF ASSEMBLY: <input checked="" type="checkbox"/> DCDA (DETECTOR) <input type="checkbox"/> RPDA (DETECTOR)		MANUFACTURER: <u>FEBCO</u>		MODEL: <u>850</u>		SIZE: <u>3/4</u> SERIAL NUMBER: <u>HE-18547</u>																													
HEIGHT OFF FLOOR: <u>4</u> FT <u>IN</u>		PROTECTION FROM: <input checked="" type="checkbox"/> FREEZING <input type="checkbox"/> NO FLOODING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUPPLY SOURCE: <input checked="" type="checkbox"/> PUBLIC POTABLE WATER <input type="checkbox"/> NON-POTABLE WATER (e.g., LAKE) <input type="checkbox"/> BOTH		NEW INSTALLATION: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																													
<b>INITIAL TEST</b> <b>REDUCED PRESSURE PRINCIPLE ASSEMBLY:</b> <table border="0" style="width:100%;"> <tr> <td>PASSED</td> <td>FAILED</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>RELIEF VALVE OPENED AT _____ PSID (2 PSID or more)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2ND CHECK held backpressure</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NO. 2 SHUTOFF VALVE leak tight</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1ST CHECK held in direction of flow _____ PSID (5 PSID or more)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)</td> <td><input type="checkbox"/></td> </tr> </table>				PASSED	FAILED	<input type="checkbox"/>	<input type="checkbox"/>	RELIEF VALVE OPENED AT _____ PSID (2 PSID or more)	<input type="checkbox"/>	2ND CHECK held backpressure	<input type="checkbox"/>	NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/>	1ST CHECK held in direction of flow _____ PSID (5 PSID or more)	<input type="checkbox"/>	DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)	<input type="checkbox"/>	<b>FINAL TEST AFTER REPAIR</b> <b>REDUCED PRESSURE PRINCIPLE ASSEMBLY:</b> <table border="0" style="width:100%;"> <tr> <td>PASSED</td> <td>FAILED</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>RELIEF VALVE OPENED AT _____ PSID (2 PSID or more)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2ND CHECK held backpressure</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NO. 2 SHUTOFF VALVE leak tight</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1ST CHECK held in direction of flow _____ PSID (5 PSID or more)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)</td> <td><input type="checkbox"/></td> </tr> </table>				PASSED	FAILED	<input type="checkbox"/>	<input type="checkbox"/>	RELIEF VALVE OPENED AT _____ PSID (2 PSID or more)	<input type="checkbox"/>	2ND CHECK held backpressure	<input type="checkbox"/>	NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/>	1ST CHECK held in direction of flow _____ PSID (5 PSID or more)	<input type="checkbox"/>	DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)	<input type="checkbox"/>
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APPLICATION:		COMMENTS:																																	
<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		<u>Tested Backflow Working Fine</u>																																	
THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE																																			
TESTED BY (PRINT): <u>DANIEL J. POSTER</u>		(SIGNATURE): <u>[Signature]</u>		REPAIRED BY (PRINT): _____		(SIGNATURE): _____																													
COMPANY: <u>Gene Valley Levee &amp; Sewer</u>		EXPIRATION DATE: <u>9-30-2022</u>		FINAL TEST BY (PRINT): _____		(SIGNATURE): _____																													
34-11206		OWNER OR OWNER'S REPRESENTATIVE: _____		DATE: _____		DATE OF REPAIR: _____																													
* 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. ** 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.																																			