



WATER UTILITIES LEE'S SUMMIT

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Backflow Prevention Assembly Test Data & Maintenance Report

Customer Trumark Homes			
Service Address 540 Carter Rd			
Location of Backflow Assembly on Property Side of House			
Date of Test 6-23-2022	Time 9 : 30 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Supply Pressure 90 LBS	Air Gap (2 x Supply Diameter) Supply: n/a IN. Gap: n/a IN. <input 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 Febco	Model 850
Size 3/4		Serial Number HF-34380	
Height off Floor n/a FT n/a 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
Initial Test		Passed Failed	
Reduced Pressure Principle Assembly:			
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.			
Final Test After Repair		Passed Failed	
Reduced Pressure Principle Assembly:			
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.			
Initial Test		Passed Failed	
Double Check Valve Assembly:			
1st CHECK held in direction of flow 2.6 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 2.2 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.			
Final Test After Repair		Passed Failed	
Double Check Valve Assembly:			
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.			
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		installed and tested backflow working correctly	
The Above Report is Certified to be True, Accurate and Complete			
Tested By (Print) Daniel J Coster		Repaired by (Print) _____	
(Signature) _____		(Signature) _____	
Date of Repair _____		Date of Repair _____	
Company Pine Valley Lawn & Landscape		Final Test By (Print) _____	
(Signature) _____		(Signature) _____	
Date of Final Test _____		Date of Final Test _____	
Missouri Certification Number 34-11206		Expiration Date 9-30-2022	
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.			