



WATER UTILITIES LEE'S SUMMIT

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Backflow Prevention Assembly Test Data & Maintenance Report

Customer **Trumark Homes**

Service Address **1217 NE Goshen Dr**

Location of Backflow Assembly on Property **Side of House**

Date of Test **6-23-2022** Time **1** : **00** AM ☐ PM ☒ Supply Pressure **90** LBS Air Gap (2 x Supply Diameter) Supply: **n/a** IN. Gap: **n/a** IN. ☐ PASS ☐ FAIL

Type of Assembly ☒ DC ☐ RP ☐ DCDA (Detector) ☐ RPDA (Detector) ☐ PVB* (See Bottom of Form) Manufacturer **Febco** Model **850** Size **3/4** Serial Number **HF-34228**

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
Reduced Pressure Principle Assembly:	<input type="checkbox"/>	<input type="checkbox"/>	Reduced Pressure Principle Assembly:	<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"/>
Note: Failure of any of the above items, requires repair.			Note: Failure of any of the above items, requires repair.		

Initial Test	Passed	Failed	Final Test After Repair	Passed	Failed
Double Check Valve Assembly:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Double Check Valve Assembly:	<input type="checkbox"/>	<input type="checkbox"/>
1st CHECK held in direction of flow 2.6 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 2.8 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"/>
Note: Failure of any of the above items, requires repair.			Note: Failure of any of the above items, requires repair.		

Application: <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 installed and tested backflow working correctly
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The Above Report is Certified to be True, Accurate and Complete			
Tested By (Print) Daniel J Coster	(Signature)	Repaired by (Print)	(Signature)
Company Pine Valley Lawn & Landscape		Final Test By (Print)	(Signature)
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.