



# WATER UTILITIES LEE'S SUMMIT

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## Backflow Prevention Assembly Test Data & Maintenance Report

Customer	Hammes & Lacy HCA LSMC ASC
Service Address	1950 SE Blue Parkway
Location of Backflow Assembly on Property	From the center of SE Cumberland Dr do E. 262LF and N. 80LF of SE Blue PKWY

Date of Test 7/19/24	Time 8 : 00 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Supply Pressure 90 LBS	Air Gap (2 x Supply Diameter) Supply: _____ IN. Gap: _____ IN. <input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
Type of Assembly <input type="checkbox"/> DC <input checked="" type="checkbox"/> DCDA (Detector) <input type="checkbox"/> PVB* (See Bottom of Form)	<input type="checkbox"/> RP <input type="checkbox"/> RPDA (Detector)	Manufacturer Watts	Model 757	Size 6"	Serial Number XI-1631
Height off Floor 2 FT 0 IN	Protection From Freezing: <input checked="" type="checkbox"/> Yes <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"/> 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:	<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.		

Final Test After Repair	Passed	Failed
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"/>
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:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1st CHECK held in direction of flow 1.2 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 1.3 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:	<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.		

Application:	Comments
<input type="checkbox"/> Commercial <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Fire Line <input type="checkbox"/> Fire Line By-Pass **Meter # 231198272 **Meter Read 0000160 <input type="checkbox"/> Point of Use	

The Above Report is Certified to be True, Accurate and Complete

Tested By (Print) Neal Anderson	(Signature) 	Repaired by (Print) _____	(Signature) _____	Date of Repair _____
Company Site Rite Construction Co	Final Test By (Print) _____	(Signature) _____	Date of Final Test _____	
Missouri Certification Number 56729	Expiration Date 5/31/26	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.