



# LEE'S SUMMIT MISSOURI

## BACKFLOW PREVENTION ASSEMBLY TEST DATA & MAINTENANCE REPORT

### Coversheet

To better track reports please complete this coversheet for each PDF file you send. You may substitute your own detailed list, if you prefer. If the PDF file name identifies the report, no coversheet is needed.

INSPECTION COMPANY Rand Construction Company

DATE 9/16/2024

# OF REPORTS 8

	Fill-in <i>one</i> identifier – you don't need to complete all 3		
DOC	Name	Address	Backflow #
1			454740
2			418200
3			326605
4			252938
5			257036
6			75205C
7			39952
8			WL-1862
9			
10			
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#### Water Utilities

1200 SE Hamblen Road | Lee's Summit, MO 64081 | P: 816.969.1900 | F: 816.969.1935 | LSwater.net



# WATER UTILITIES LEE'S SUMMIT

1200 SE Hamblen, Lee's Summit, MO 64081  
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>HCA Surgery Center of Lee's Summit</u>			
SERVICE ADDRESS <u>1950 Shenandoah Drive Lee Summit MO 64063</u>			
LOCATION OF BACKFLOW ASSEMBLY ON PROPERTY <u>Room 169 Janitor Closet</u>			
DATE OF TEST <u>9/12/24</u>	TIME <u>8:00</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	SUPPLY PRESSURE <u>70</u> LBS	AIR GAP (2 X SUPPLY DIAMETER) SUPPLY _____ IN. GAP _____ IN. <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY <input type="checkbox"/> DC <input type="checkbox"/> DCDA (DETECTOR) <input checked="" type="checkbox"/> RP <input type="checkbox"/> PVB* (SEE BOTTOM OF FORM)	MANUFACTURER <u>Watts</u>	MODEL <u>LF009M3Q2</u>	SIZE <u>3/4"</u> SERIAL NUMBER <u>454740</u>
HEIGHT OFF FLOOR ____ FT ____ 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
<b>INITIAL TEST</b>		<b>FINAL TEST AFTER REPAIR</b>	
<b>REDUCED PRESSURE PRINCIPLE ASSEMBLY:</b>		<b>REDUCED PRESSURE PRINCIPLE ASSEMBLY:</b>	
RELIEF VALVE OPENED AT <u>3.2</u> PSID (2 PSID or more) <input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED		RELIEF VALVE OPENED AT _____ PSID (2 PSID or more) <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	
2ND CHECK held backpressure <input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED		2ND CHECK held backpressure <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	
NO. 2 SHUTOFF VALVE leak tight <input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED		NO. 2 SHUTOFF VALVE leak tight <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	
1ST CHECK held in direction of flow <u>10.5</u> PSID (5 PSID or more) <input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED		1ST CHECK held in direction of flow _____ PSID (5 PSID or more) <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	
DIFFERENCE (1st check - relief) <u>7.3</u> PSID (3 PSID or more) <input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED		DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more) <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	
NOTE: Failure of any of the above items, requires repair.		NOTE: Failure of any of the above items, requires repair.	
<b>INITIAL TEST</b>		<b>FINAL TEST AFTER REPAIR</b>	
<b>DOUBLE CHECK VAVLE ASSEMBLY:</b>		<b>DOUBLE CHECK VAVLE ASSEMBLY:</b>	
1ST CHECK held in direction of flow _____ PSID (1 PSID or more) <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED		1ST CHECK held in direction of flow _____ PSID (1 PSID or more) <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	
2ND CHECK held backpressure <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED		2ND CHECK held backpressure <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	
2ND CHECK held in direction of flow _____ PSID (1 PSID or more) <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED		2ND CHECK held in direction of flow _____ PSID (1 PSID or more) <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	
NO. 2 SHUTOFF VALVE leak tight <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED		NO. 2 SHUTOFF VALVE leak tight <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	
NOTE: Failure of any of the above items, requires repair.		NOTE: Failure of any of the above items, requires repair.	
<b>APPLICATION:</b>		<b>COMMENTS</b>	
<input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> FIRE LINE <input type="checkbox"/> FIRE LINE BY-PASS **METER # _____ **METER READ _____ <input type="checkbox"/>			
<b>THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE</b>			
TESTED BY (PRINT) <u>Doug Slawson</u> (SIGNATURE) <u>Doug Slawson</u>		REPAIRED BY (PRINT) _____ (SIGNATURE) _____	
COMPANY <u>Rand Construction Company</u>		FINAL TEST BY (PRINT) _____ (SIGNATURE) _____	
MISSOURI CERTIFICATION NUMBER <u>14-9728</u>		OWNER OR OWNER'S REPRESENTATIVE <u>Kelly Combs/Service Coordinator</u>	
EXPIRATION DATE <u>6-30-26</u>		DATE <u>9/14/2024</u>	
* 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.			





# WATER UTILITIES LEE'S SUMMIT

1200 SE Hamblen, Lee's Summit, MO 64081  
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EMAIL: backflow@cityofls.net WEB: lswater.net

## BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER <u>HCA Surgery Center of Lee's Summit</u>							
SERVICE ADDRESS <u>1950 Shenandoah Drive Lee Summit MO 64063</u>							
LOCATION OF BACKFLOW ASSEMBLY ON PROPERTY <u>room 169 Janitor Closet</u>							
DATE OF TEST <u>9/12/24</u>		TIME <u>8:20</u>		SUPPLY PRESSURE <u>70</u> LBS		AIR GAP (2 X SUPPLY DIAMETER) SUPPLY _____ IN. GAP _____ IN. <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL	
TYPE OF ASSEMBLY <input type="checkbox"/> DC <input type="checkbox"/> DCDA (DETECTOR) <input checked="" type="checkbox"/> RP <input type="checkbox"/> PVB* (SEE BOTTOM OF FORM)		MANUFACTURER <u>Watts</u>		MODEL <u>LF009M3QZ</u>		SIZE <u>3/4"</u>	
SERIAL NUMBER <u>418200</u>		HEIGHT OFF FLOOR ____ FT ____ 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							
<b>INITIAL TEST</b>				<b>FINAL TEST AFTER REPAIR</b>			
<b>REDUCED PRESSURE PRINCIPLE ASSEMBLY:</b>				<b>REDUCED PRESSURE PRINCIPLE ASSEMBLY:</b>			
RELIEF VALVE OPENED AT <u>3.8</u> PSID (2 PSID or more)				RELIEF VALVE OPENED AT _____ PSID (2 PSID or more)			
2ND CHECK held backpressure				2ND CHECK held backpressure			
NO. 2 SHUTOFF VALVE leak tight				NO. 2 SHUTOFF VALVE leak tight			
1ST CHECK held in direction of flow <u>10.3</u> PSID (5 PSID or more)				1ST CHECK held in direction of flow _____ PSID (5 PSID or more)			
DIFFERENCE (1st check - relief) <u>6.5</u> PSID (3 PSID or more)				DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)			
NOTE: Failure of any of the above items, requires repair.				NOTE: Failure of any of the above items, requires repair.			
<b>INITIAL TEST</b>				<b>FINAL TEST AFTER REPAIR</b>			
<b>DOUBLE CHECK VAVLE ASSEMBLY:</b>				<b>DOUBLE CHECK VAVLE ASSEMBLY:</b>			
1ST CHECK held in direction of flow _____ PSID (1 PSID or more)				1ST CHECK held in direction of flow _____ PSID (1 PSID or more)			
2ND CHECK held backpressure				2ND CHECK held backpressure			
2ND CHECK held in direction of flow _____ PSID (1 PSID or more)				2ND CHECK held in direction of flow _____ PSID (1 PSID or more)			
NO. 2 SHUTOFF VALVE leak tight				NO. 2 SHUTOFF VALVE leak tight			
NOTE: Failure of any of the above items, requires repair.				NOTE: Failure of any of the above items, requires repair.			
<b>APPLICATION:</b>		<b>COMMENTS</b>					
<input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> FIRE LINE <input type="checkbox"/> FIRE LINE BY-PASS **METER # _____ **METER READ _____ <input type="checkbox"/>							
<b>THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE</b>							
TESTED BY (PRINT) <u>Doug Slawson</u>		(SIGNATURE) <u>[Signature]</u>		REPAIRED BY (PRINT) _____ (SIGNATURE) _____ DATE OF REPAIR ____/____/____			
COMPANY <u>Rand Construction Company</u>		FINAL TEST BY (PRINT) _____ (SIGNATURE) _____ DATE OF FINAL TEST ____/____/____					
MISSOURI CERTIFICATION NUMBER <u>14-9728</u>		EXPIRATION DATE <u>6-30-26</u>		OWNER OR OWNER'S REPRESENTATIVE <u>Kelly Combs/Service Coordinator</u>		DATE <u>9/16/2024</u>	
* 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.							





# WATER UTILITIES LEE'S SUMMIT

1200 SE Hamblen, Lee's Summit, MO 64081  
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## BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER <b>HCA Surgery Center of Lee's Summit</b>					
SERVICE ADDRESS <b>1950 Shenandoah Drive Lee Summit MO 64063</b>					
LOCATION OF BACKFLOW ASSEMBLY ON PROPERTY <b>Room 169 Janitor Closet</b>					
DATE OF TEST <b>9/12/24</b>	TIME <b>8:40</b>	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	SUPPLY PRESSURE <b>70</b> LBS	AIR GAP (2 X SUPPLY DIAMETER) SUPPLY _____ IN. GAP _____ IN.	<input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY <input type="checkbox"/> DC <input type="checkbox"/> DCDA (DETECTOR) <input type="checkbox"/> PVB* (SEE BOTTOM OF FORM)	<input checked="" type="checkbox"/> RP <input type="checkbox"/> RPDA (DETECTOR)	MANUFACTURER <b>Watts</b>	MODEL <b>LF009M3Q2</b>	SIZE <b>1"</b>	SERIAL NUMBER <b>326605</b>
HEIGHT OFF FLOOR ____ FT ____ IN.	PROTECTION FROM: <input checked="" type="checkbox"/> FREEZING <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> FLOODING <input type="checkbox"/> YES <input type="checkbox"/> NO	SUPPLY <input checked="" type="checkbox"/> PUBLIC POTABLE WATER SOURCE: <input type="checkbox"/> NON-POTABLE WATER (e.g., LAKE)		<input type="checkbox"/> BOTH <input checked="" type="checkbox"/> NEW INSTALLATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<b>INITIAL TEST</b>			<b>FINAL TEST AFTER REPAIR</b>		
<b>REDUCED PRESSURE PRINCIPLE ASSEMBLY:</b>			<b>REDUCED PRESSURE PRINCIPLE ASSEMBLY:</b>		
RELIEF VALVE OPENED AT <b>3.2</b> PSID (2 PSID or more)			RELIEF VALVE OPENED AT _____ PSID (2 PSID or more)		
2ND CHECK held backpressure			2ND CHECK held backpressure		
NO. 2 SHUTOFF VALVE leak tight			NO. 2 SHUTOFF VALVE leak tight		
1ST CHECK held in direction of flow <b>8.5</b> PSID (5 PSID or more)			1ST CHECK held in direction of flow _____ PSID (5 PSID or more)		
DIFFERENCE (1st check - relief) <b>5.3</b> PSID (3 PSID or more)			DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)		
NOTE: Failure of any of the above items, requires repair.			NOTE: Failure of any of the above items, requires repair.		
<b>INITIAL TEST</b>			<b>FINAL TEST AFTER REPAIR</b>		
<b>DOUBLE CHECK VAVLE ASSEMBLY:</b>			<b>DOUBLE CHECK VAVLE ASSEMBLY:</b>		
1ST CHECK held in direction of flow _____ PSID (1 PSID or more)			1ST CHECK held in direction of flow _____ PSID (1 PSID or more)		
2ND CHECK held backpressure			2ND CHECK held backpressure		
2ND CHECK held in direction of flow _____ PSID (1 PSID or more)			2ND CHECK held in direction of flow _____ PSID (1 PSID or more)		
NO. 2 SHUTOFF VALVE leak tight			NO. 2 SHUTOFF VALVE leak tight		
NOTE: Failure of any of the above items, requires repair.			NOTE: Failure of any of the above items, requires repair.		
<b>APPLICATION:</b>		<b>COMMENTS</b>			
<input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> FIRE LINE <input type="checkbox"/> FIRE LINE BY-PASS **METER # _____ **METER READ _____ <input type="checkbox"/>					
<b>THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE</b>					
TESTED BY (PRINT) <b>Doug Slawson</b>		(SIGNATURE) <b>Doug Slawson</b>		REPAIRED BY (PRINT) (SIGNATURE) _____ _____ DATE OF REPAIR <b>9/16/2024</b>	
COMPANY <b>Rand Construction Company</b>		FINAL TEST BY (PRINT) (SIGNATURE) _____ _____ DATE OF FINAL TEST <b>9/16/2024</b>			
MISSOURI CERTIFICATION NUMBER <b>14-9728</b>		EXPIRATION DATE <b>6-30-26</b>		OWNER OR OWNER'S REPRESENTATIVE <b>Kelly Combs/Service Coordinator</b>	
* 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 AND MAINTENANCE REPORT

CUSTOMER <b>HCA Surgery Center of Lee's Summit</b>													
SERVICE ADDRESS <b>1950 Shenandoah Drive Lee Summit MO 64063</b>													
LOCATION OF BACKFLOW ASSEMBLY ON PROPERTY <b>Room 174 Janitor Closet</b>													
DATE OF TEST <b>9/12/24</b>		TIME <b>9:15</b>		<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.		SUPPLY PRESSURE <b>70</b> LBS		AIR GAP (2 X SUPPLY DIAMETER) SUPPLY _____ IN. GAP _____ IN. <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL					
TYPE OF ASSEMBLY <input type="checkbox"/> DC <input type="checkbox"/> DCDA (DETECTOR) <input type="checkbox"/> PVB* (SEE BOTTOM OF FORM)		<input checked="" type="checkbox"/> RP <input type="checkbox"/> RPDA (DETECTOR)		MANUFACTURER <b>Watts</b>		MODEL <b>LF009MQ2T</b>		SIZE <b>2"</b>		SERIAL NUMBER <b>252938</b>			
HEIGHT OFF FLOOR ____ FT ____ IN		PROTECTION FROM: <input checked="" type="checkbox"/> FREEZING <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> FLOODING <input 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>PASSED</b>		<b>FAILED</b>						
<b>REDUCED PRESSURE PRINCIPLE ASSEMBLY:</b>					<input checked="" type="checkbox"/>		<input type="checkbox"/>						
RELIEF VALVE OPENED AT <b>3.2</b> PSID (2 PSID or more)					<input checked="" type="checkbox"/>		<input type="checkbox"/>						
2ND CHECK held backpressure					<input checked="" type="checkbox"/>		<input type="checkbox"/>						
NO. 2 SHUTOFF VALVE leak tight					<input checked="" type="checkbox"/>		<input type="checkbox"/>						
1ST CHECK held in direction of flow <b>8.5</b> PSID (5 PSID or more)					<input checked="" type="checkbox"/>		<input type="checkbox"/>						
DIFFERENCE (1st check - relief) <b>5.3</b> PSID (3 PSID or more)					<input checked="" type="checkbox"/>		<input type="checkbox"/>						
<b>NOTE: Failure of any of the above items, requires repair.</b>													
<b>FINAL TEST AFTER REPAIR</b>					<b>PASSED</b>		<b>FAILED</b>						
<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"/>						
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"/>						
<b>NOTE: Failure of any of the above items, requires repair.</b>													
<b>INITIAL TEST</b>					<b>PASSED</b>		<b>FAILED</b>						
<b>DOUBLE CHECK VAVLE ASSEMBLY:</b>					<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"/>						
<b>NOTE: Failure of any of the above items, requires repair.</b>													
<b>FINAL TEST AFTER REPAIR</b>					<b>PASSED</b>		<b>FAILED</b>						
<b>DOUBLE CHECK VAVLE ASSEMBLY:</b>					<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"/>						
<b>NOTE: Failure of any of the above items, requires repair.</b>													
<b>APPLICATION:</b>					<b>COMMENTS</b>								
<input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> FIRE LINE <input type="checkbox"/> FIRE LINE BY-PASS **METER # _____ **METER READ _____ <input type="checkbox"/>													
<b>THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE</b>													
TESTED BY (PRINT) <b>Doug Slawson</b>				TESTED BY (SIGNATURE) <b>Doug Slawson</b>				REPAIRED BY (PRINT) (SIGNATURE) _____ _____ DATE OF REPAIR _____ _____					
COMPANY <b>Rand Construction Company</b>				FINAL TEST BY (PRINT) (SIGNATURE) _____ _____ DATE OF FINAL TEST _____ _____									
MISSOURI CERTIFICATION NUMBER <b>14-9728</b>				EXPIRATION DATE <b>6-30-26</b>				OWNER OR OWNER'S REPRESENTATIVE <b>Kelly Combs/Service Coordinator</b>				DATE <b>9/16/2024</b>	
* 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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CUSTOMER <u>HCA Surgery Center of Lee's Summit</u>			
SERVICE ADDRESS <u>1950 Shenandoah Drive Lee Summit MO 64063</u>			
LOCATION OF BACKFLOW ASSEMBLY ON PROPERTY <u>Room 174 Sanitor Closet</u>			
DATE OF TEST <u>9/12/24</u>	TIME <u>9:30</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	SUPPLY PRESSURE <u>70</u> LBS	AIR GAP (2 X SUPPLY DIAMETER) SUPPLY _____ IN. GAP _____ IN. <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY <input type="checkbox"/> DC <input type="checkbox"/> DCDA (DETECTOR) <input type="checkbox"/> PVB* (SEE BOTTOM OF FORM)	<input checked="" type="checkbox"/> RP <input type="checkbox"/> RPDA (DETECTOR)	MANUFACTURER <u>Watts</u>	MODEL <u>LF009MQ2T</u>
SIZE <u>2"</u>	SERIAL NUMBER <u>257036</u>	NEW INSTALLATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
HEIGHT OFF FLOOR ____ FT ____ 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"/> NON-POTABLE WATER (e.g., LAKE) <input type="checkbox"/> BOTH	
<b>INITIAL TEST</b>		<b>FINAL TEST AFTER REPAIR</b>	
<b>REDUCED PRESSURE PRINCIPLE ASSEMBLY:</b>		<b>REDUCED PRESSURE PRINCIPLE ASSEMBLY:</b>	
RELIEF VALVE OPENED AT <u>3.2</u> PSID (2 PSID or more)	<input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED	RELIEF VALVE OPENED AT _____ PSID (2 PSID or more)	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
2ND CHECK held backpressure	<input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED	2ND CHECK held backpressure	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
NO. 2 SHUTOFF VALVE leak tight	<input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED	NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
1ST CHECK held in direction of flow <u>9.0</u> PSID (5 PSID or more)	<input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED	1ST CHECK held in direction of flow _____ PSID (5 PSID or more)	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
DIFFERENCE (1st check - relief) <u>5.8</u> PSID (3 PSID or more)	<input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED	DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
NOTE: Failure of any of the above items, requires repair.		NOTE: Failure of any of the above items, requires repair.	
<b>INITIAL TEST</b>		<b>FINAL TEST AFTER REPAIR</b>	
<b>DOUBLE CHECK VAVLE ASSEMBLY:</b>		<b>DOUBLE CHECK VAVLE ASSEMBLY:</b>	
1ST CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	1ST CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
2ND CHECK held backpressure	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	2ND CHECK held backpressure	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
2ND CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	2ND CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
NOTE: Failure of any of the above items, requires repair.		NOTE: Failure of any of the above items, requires repair.	
<b>APPLICATION:</b>		<b>COMMENTS</b>	
<input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> FIRE LINE <input type="checkbox"/> FIRE LINE BY-PASS **METER # _____ **METER READ _____ <input type="checkbox"/>			
<b>THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE</b>			
TESTED BY (PRINT) <u>Doug Slawson</u> (SIGNATURE) <u>[Signature]</u>		REPAIRED BY (PRINT) _____ (SIGNATURE) _____	
COMPANY <u>Rand Construction Company</u>		FINAL TEST BY (PRINT) _____ (SIGNATURE) _____	
MISSOURI CERTIFICATION NUMBER <u>14-9728</u>		EXPIRATION DATE <u>6-30-26</u>	
OWNER OR OWNER'S REPRESENTATIVE <u>Kelly Combs/Service Coordinator</u>		DATE <u>9/16/2024</u>	
* 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.			





# WATER UTILITIES LEE'S SUMMIT

1200 SE Hamblen, Lee's Summit, MO 64081  
PHONE: (816) 969-1930 FAX: (816) 969-1935  
EMAIL: backflow@cityofls.net WEB: lswater.net

## BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER <b>HCA Surgery Center of Lee's Summit</b>			
SERVICE ADDRESS <b>1950 Shenandoah Drive Lee Summit MO 64063</b>			
LOCATION OF BACKFLOW ASSEMBLY ON PROPERTY <b>Room 195 Mechanical Room</b>			
DATE OF TEST <b>9/12</b>	TIME <b>10:30</b>	SUPPLY PRESSURE <b>70</b> LBS	AIR GAP (2 X SUPPLY DIAMETER) SUPPLY _____ IN. GAP _____ IN. <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY <input type="checkbox"/> DC <input type="checkbox"/> DCDA (DETECTOR) <input checked="" type="checkbox"/> RP <input type="checkbox"/> RPDA (DETECTOR) <input type="checkbox"/> PVB* (SEE BOTTOM OF FORM)	MANUFACTURER <b>Apollo</b>	MODEL <b>RPLF4A</b>	SIZE <b>3/4</b> SERIAL NUMBER <b>75205C</b>
HEIGHT OFF FLOOR ____ FT ____ 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"/> 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>FINAL TEST AFTER REPAIR</b>	
<b>REDUCED PRESSURE PRINCIPLE ASSEMBLY:</b>		<b>REDUCED PRESSURE PRINCIPLE ASSEMBLY:</b>	
RELIEF VALVE OPENED AT <b>2</b> PSID (2 PSID or more)	<input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED	RELIEF VALVE OPENED AT _____ PSID (2 PSID or more)	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
2ND CHECK held backpressure	<input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED	2ND CHECK held backpressure	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
NO. 2 SHUTOFF VALVE leak tight	<input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED	NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
1ST CHECK held in direction of flow <b>8</b> PSID (5 PSID or more)	<input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED	1ST CHECK held in direction of flow _____ PSID (5 PSID or more)	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
DIFFERENCE (1st check - relief) <b>6</b> PSID (3 PSID or more)	<input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED	DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
NOTE: Failure of any of the above items, requires repair.		NOTE: Failure of any of the above items, requires repair.	
<b>INITIAL TEST</b>		<b>FINAL TEST AFTER REPAIR</b>	
<b>DOUBLE CHECK VAVLE ASSEMBLY:</b>		<b>DOUBLE CHECK VAVLE ASSEMBLY:</b>	
1ST CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	1ST CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
2ND CHECK held backpressure	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	2ND CHECK held backpressure	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
2ND CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	2ND CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
NOTE: Failure of any of the above items, requires repair.		NOTE: Failure of any of the above items, requires repair.	
<b>APPLICATION:</b>		<b>COMMENTS</b>	
<input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> FIRE LINE <input type="checkbox"/> FIRE LINE BY-PASS **METER # _____ **METER READ _____ <input type="checkbox"/>			
<b>THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE</b>			
TESTED BY (PRINT) <b>Doug Slawson</b>	(SIGNATURE) 	REPAIRED BY (PRINT) _____ (SIGNATURE) _____	DATE OF REPAIR ____/____/____
COMPANY <b>Rand Construction Company</b>		FINAL TEST BY (PRINT) _____ (SIGNATURE) _____	DATE OF FINAL TEST ____/____/____
MISSOURI CERTIFICATION NUMBER <b>14-9728</b>	EXPIRATION DATE <b>6-30-26</b>	OWNER OR OWNER'S REPRESENTATIVE <b>Kelly Combs/Service Coordinator</b>	DATE <b>9/16/2024</b>
* 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.			





# WATER UTILITIES LEE'S SUMMIT

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## BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER <b>HCA Surgery Center of Lee's Summit</b>					
SERVICE ADDRESS <b>1950 Shenandoah Drive Lee Summit MO 64063</b>					
LOCATION OF BACKFLOW ASSEMBLY ON PROPERTY <b>Room 198 Water Entry Room</b>					
DATE OF TEST <b>9/12/24</b>	TIME <b>12:35</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	SUPPLY PRESSURE <b>70</b> LBS	AIR GAP (2 X SUPPLY DIAMETER) SUPPLY _____ IN. GAP _____ IN. <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL		
TYPE OF ASSEMBLY <input type="checkbox"/> DC <input checked="" type="checkbox"/> RP <input type="checkbox"/> DCDA (DETECTOR) <input type="checkbox"/> RPDA (DETECTOR) <input type="checkbox"/> PVB* (SEE BOTTOM OF FORM)		MANUFACTURER <b>Watts</b>	MODEL <b>LF009M2T</b>	SIZE <b>1 1/4</b>	SERIAL NUMBER <b>39952</b>
HEIGHT OFF FLOOR ____ FT ____ 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"/> 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>FINAL TEST AFTER REPAIR</b>		
<b>REDUCED PRESSURE PRINCIPLE ASSEMBLY:</b>			<b>REDUCED PRESSURE PRINCIPLE ASSEMBLY:</b>		
RELIEF VALVE OPENED AT <b>3.2</b> PSID (2 PSID or more)			RELIEF VALVE OPENED AT _____ PSID (2 PSID or more)		
2ND CHECK held backpressure			2ND CHECK held backpressure		
NO. 2 SHUTOFF VALVE leak tight			NO. 2 SHUTOFF VALVE leak tight		
1ST CHECK held in direction of flow <b>8.5</b> PSID (5 PSID or more)			1ST CHECK held in direction of flow _____ PSID (5 PSID or more)		
DIFFERENCE (1st check - relief) <b>5.3</b> PSID (3 PSID or more)			DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)		
NOTE: Failure of any of the above items, requires repair.			NOTE: Failure of any of the above items, requires repair.		
<b>INITIAL TEST</b>			<b>FINAL TEST AFTER REPAIR</b>		
<b>DOUBLE CHECK VAVLE ASSEMBLY:</b>			<b>DOUBLE CHECK VAVLE ASSEMBLY:</b>		
1ST CHECK held in direction of flow _____ PSID (1 PSID or more)			1ST CHECK held in direction of flow _____ PSID (1 PSID or more)		
2ND CHECK held backpressure			2ND CHECK held backpressure		
2ND CHECK held in direction of flow _____ PSID (1 PSID or more)			2ND CHECK held in direction of flow _____ PSID (1 PSID or more)		
NO. 2 SHUTOFF VALVE leak tight			NO. 2 SHUTOFF VALVE leak tight		
NOTE: Failure of any of the above items, requires repair.			NOTE: Failure of any of the above items, requires repair.		
<b>APPLICATION:</b>			<b>COMMENTS</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"/>					
<b>THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE</b>					
TESTED BY (PRINT) <b>Doug Slawson</b>		(SIGNATURE) <b>Doug Slawson</b>		REPAIRED BY (PRINT) (SIGNATURE) DATE OF REPAIR	
COMPANY <b>Rand Construction Company</b>		FINAL TEST BY (PRINT) (SIGNATURE)		DATE OF FINAL TEST	
MISSOURI CERTIFICATION NUMBER <b>14-9728</b>		EXPIRATION DATE <b>6-30-26</b>		OWNER OR OWNER'S REPRESENTATIVE <b>Kelly Combs/Service Coordinator</b>	
				DATE <b>9/16/2024</b>	
* 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 AND MAINTENANCE REPORT

CUSTOMER <u>HCA Surgery Center of Lee's Summit</u>							
SERVICE ADDRESS <u>1950 Shenandoah Drive Lee Summit MO 64063</u>							
LOCATION OF BACKFLOW ASSEMBLY ON PROPERTY <u>Room 198 Water entry Room MAIN</u>							
DATE OF TEST <u>9/12/24</u>		TIME <u>12:50</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		SUPPLY PRESSURE <u>70</u> LBS		AIR GAP (2 X SUPPLY DIAMETER) SUPPLY <u>      </u> IN. GAP <u>      </u> IN. <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL	
TYPE OF ASSEMBLY <input type="checkbox"/> DC <input type="checkbox"/> DCDA (DETECTOR) <input checked="" type="checkbox"/> RPDA (DETECTOR) <input type="checkbox"/> PVB* (SEE BOTTOM OF FORM)		MANUFACTURER <u>Watts</u>		MODEL <u>957</u>		SIZE <u>4"</u> SERIAL NUMBER <u>WL1862</u>	
HEIGHT OFF FLOOR <u>      </u> FT <u>      </u> 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	
<b>INITIAL TEST</b>				<b>FINAL TEST AFTER REPAIR</b>			
<b>REDUCED PRESSURE PRINCIPLE ASSEMBLY:</b>				<b>REDUCED PRESSURE PRINCIPLE ASSEMBLY:</b>			
RELIEF VALVE OPENED AT <u>2.5</u> PSID (2 PSID or more) <input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED				RELIEF VALVE OPENED AT <u>      </u> PSID (2 PSID or more) <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED			
2ND CHECK held backpressure <input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED				2ND CHECK held backpressure <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED			
NO. 2 SHUTOFF VALVE leak tight <input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED				NO. 2 SHUTOFF VALVE leak tight <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED			
1ST CHECK held in direction of flow <u>9.5</u> PSID (5 PSID or more) <input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED				1ST CHECK held in direction of flow <u>      </u> PSID (5 PSID or more) <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED			
DIFFERENCE (1st check - relief) <u>7</u> PSID (3 PSID or more) <input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED				DIFFERENCE (1st check - relief) <u>      </u> PSID (3 PSID or more) <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED			
NOTE: Failure of any of the above items, requires repair.				NOTE: Failure of any of the above items, requires repair.			
<b>INITIAL TEST</b>				<b>FINAL TEST AFTER REPAIR</b>			
<b>DOUBLE CHECK VAVLE ASSEMBLY:</b>				<b>DOUBLE CHECK VAVLE ASSEMBLY:</b>			
1ST CHECK held in direction of flow <u>      </u> PSID (1 PSID or more) <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED				1ST CHECK held in direction of flow <u>      </u> PSID (1 PSID or more) <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED			
2ND CHECK held backpressure <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED				2ND CHECK held backpressure <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED			
2ND CHECK held in direction of flow <u>      </u> PSID (1 PSID or more) <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED				2ND CHECK held in direction of flow <u>      </u> PSID (1 PSID or more) <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED			
NO. 2 SHUTOFF VALVE leak tight <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED				NO. 2 SHUTOFF VALVE leak tight <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED			
NOTE: Failure of any of the above items, requires repair.				NOTE: Failure of any of the above items, requires repair.			
<b>APPLICATION:</b>		<b>COMMENTS</b>					
<input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> FIRE LINE <input type="checkbox"/> FIRE LINE BY-PASS **METER # <u>      </u> **METER READ <u>      </u> <input type="checkbox"/>							
<b>THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE</b>							
TESTED BY (PRINT) <u>Doug Slawson</u>		REPAIRED BY (PRINT) <u>Doug Slawson</u>		DATE OF REPAIR <u>9/12/2024</u>			
COMPANY <u>Rand Construction Company</u>		FINAL TEST BY (PRINT) <u>Kelly Combs</u>		DATE OF FINAL TEST <u>9/12/2024</u>			
MISSOURI CERTIFICATION NUMBER <u>14-9728</u>		EXPIRATION DATE <u>6-30-26</u>		OWNER OR OWNER'S REPRESENTATIVE <u>Kelly Combs/Service Coordinator</u>		DATE <u>9/12/2024</u>	
* 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.							