



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 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 Watts	Model 007MG	Size 3/4"	Serial Number 234995		
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	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 1.8 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 2.0 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:		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		this is for the 3/4 side arm DC					
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.							