MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM – PUBLIC DRINKING WATER BRANCH

BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

FOR OFFICE USE ONLY
PROJECT ID NUMBER
DATE RECEIVED

CUSTOMER INFORMATION

CUSTOMER	CUSTOMER NUMBER	FILE NUMBER
LEES SUMMIT FLEX bldg		

MAILING ADDRESS: 60 SE Thompson Dr, Lee's Summit, MO, 64082

SERVICE LOCATION	METER NUMBER
Mechanical room building B	

DATE OF TEST	TIME	SUPPLY PRESSURE	AIR GAP (2 x SUPPLY DIAM.)		
8/27/25	8 ■ A.M. ☐ P.M.	60 LBS.	SUPPLY 2 IN	GAP 4 IN	■ PASS ☐ FAIL

TYPE OF ASSEMBLY	MANUFACTURER	MODEL	SIZE	SERIAL NUMBER
Rp	Watts	Lf009m2qt	1.5"	148812

HEIGHT OFF FLOOR	PROTECTION FROM: FREEZING		FLOODING		NEW INSTALLATION	
4'	COMMENTS:	■ YES ☐ NO		■ YES ☐ NO	■ YES	☐ NO

INITIAL TEST REDUCED PRESSURE PRINCIPLE ASSEMBLY	Passed	Failed	FINAL TEST AFTER REPAIR REDUCED PRESSURE PRINCIPLE ASSEMBLY	Passed	Failed
RELIEF VALVE OPENED AT 2.1 *PSID (2 PSID or more)	■ P	☐ F	RELIEF VALVE OPENED AT _____ *PSID (2 PSID or more)	☐ P	☐ F
2nd CHECK held backpressure	■ P	☐ F	2ND CHECK held backpressure	☐ P	☐ F
NO. 2 SHUTOFF VALVE leak tight 1st	■ P	☐ F	NO. 2 SHUTOFF VALVE leak tight 1ST	☐ P	☐ F
CHECK held in direction of flow 9.0 *PSID (5 PSID or more)	■ P	☐ F	CHECK held in direction of flow _____ *PSID (5 PSID or more)	☐ P	☐ F
DIFFERENCE 1ST check – relief 6.9 *PSID (3 PSID or more)	■ P	☐ F	DIFFERENCE 1ST check – relief _____ *PSID (3 PSID or more)	☐ P	☐ F

NOTE: Failure of any of the above items requires repair

***Pounds per Square inch Differential**

INITIAL TEST DOUBLE CHECK VALVE ASSEMBLY:	Passed	Failed	FINAL TEST AFTER REPAIR DOUBLE CHECK VALVE ASSEMBLY:	Passed	Failed
1st CHECK held in direction of flow _____ PSID (1 PSID or more)	☐ P	☐ F	1st CHECK held in direction of flow _____ PSID (1 PSID or more)	☐ P	☐ F
2nd CHECK held in direction of flow _____ PSID (1 PSID or more)	☐ P	☐ F	2nd CHECK held in direction of flow _____ PSID (1 PSID or more)	☐ P	☐ F

NOTE: Failure of any of the above items requires repair

APPLICATION:

- ■ COMMERCIAL
- ☐ FIRE LINE
- ☐ IRRIGATION
- ☐ OTHER (EXPLAIN)

COMMENTS:

Missouri State regulation 10 CSR 60-11.010(6) (E) requires testers to report results of tests and inspections to the customer and the water supplier.

THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE

TESTED BY (PRINT)	(SIGNATURE)
Brendan Copeland	
PREPARED BY (PRINT)	(SIGNATURE)
Brenden Copeland	
FINAL TEST BY (PRINT)	(SIGNATURE)

COMPANY: Afp

CERTIFICATION NUMBER AND EXPIRATION DATE	OWNER OR OWNER'S REPRESENTATIVE	DATE
33-14069 11/30/27		8/27/25

Backflow Notes
Back Flow - Watts - Lf009m2qt

Report of Inspection / Test

08-27-2025
Property
LEES SUMMIT FLEX bldg
60 SE Thompson Dr
Lee's Summit MO 64082
Print Date: 08-27-2025

Conducted by: Brendan Copeland

Advantage Fire Protection
404B NW 11th street
Blue Springs MO 64015
816-224-3400
service@advantagefire.net

Deficiencies - BF 1

None

Report of Inspection / Test

ADVANTAGE
FIRE PROTECTION SYSTEMS INC.
(816) 224-3400
"We are your Advantage"

08-27-2025
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60 SE Thompson Dr
Lee's Summit MO 64082
Print Date: 08-27-2025

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Blue Springs MO 64015
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Inspector Signature

I state that the information on this form is correct at the time and place of my inspection, and all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.

Inspector Name	Signature	Date Completed
Brendan Copeland		2025-08-27