

STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM - PUBLIC DRINKING WATER BRANCH
BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER <u>KEE'S SUMMER WATER UTILITIES FACILITY</u>		CUSTOMER NUMBER	FILE NUMBER
MAILING ADDRESS <u>1200 SE HAMBLEY RD. L.S. MO.</u>			
SERVICE LOCATION <u>PIT NORTH SIDE OF NORTH ENTRANCE</u>			METER NUMBER
DATE OF TEST <u>4-14-17</u>	TIME <u>10:30</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	SUPPLY PRESSURE <u>75</u> LBS.	AIR GAP (2 x SUPPLY DIAM.) <u>2</u> IN. GAP <u>6</u> IN. <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY <u>DCVA</u>	MANUFACTURER <u>WATTS</u>	MODEL <u>757</u>	SIZE <u>6"</u> SERIAL NUMBER <u>01-1397</u>
HEIGHT OFF FLOOR <u>PIT</u>	PROTECTION FROM: FREEZING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FLOODING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	COMMENTS:	

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"/>
2 nd CHECK held backpressure	<input type="checkbox"/>	<input type="checkbox"/>
NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/>	<input type="checkbox"/>
1 st CHECK held in direction of flow _____ *PSID (5 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>
DIFFERENCE (1 st 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"/>
2 nd CHECK held backpressure	<input type="checkbox"/>	<input type="checkbox"/>
NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/>	<input type="checkbox"/>
1 st CHECK held in direction of flow _____ *PSID (5 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>
DIFFERENCE (1 st check - relief _____ *PSID (3 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>

*Pounds per Square Inch Differential

INITIAL TEST	Passed	Failed
DOUBLE CHECK VALVE ASSEMBLY:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1 st CHECK held in direction of flow <u>1.6</u> PSID (1 PSID or more)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 nd CHECK held in direction of flow <u>1.4</u> PSID (1 PSID or more)	<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"/>
1 st CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>
2 nd CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>

APPLICATION:

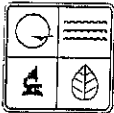
- ☐ COMMERCIAL
☒ FIRE LINE
☐ IRRIGATION
☐ OTHER (EXPLAIN)

COMMENTS

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

TESTED BY (PRINT) <u>JAMES CORLESS</u>	(SIGNATURE) <u>James Corless</u>	PREPARED BY (PRINT)	(SIGNATURE)
COMPANY <u>THE DEGS IT, LLC</u>		FINAL TEST BY (PRINT)	(SIGNATURE)
CERTIFICATION NUMBER AND EXPIRATION DATE <u>3-31-18</u> <u>14-2957</u>	OWNER OR OWNER'S REPRESENTATIVE	DATE <u>4-14-17</u>	

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.



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CUSTOMER LEE'S Summit Water Upgrades Facility		CUSTOMER NUMBER		FILE NUMBER
MAILING ADDRESS 1200 HAMBLEN RD.		C.S. MO.		
SERVICE LOCATION PET NORTH SIDE OF NORTH ENTRANCE				METER NUMBER
DATE OF TEST 4-14-17	TIME 10:50 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	SUPPLY PRESSURE 75 LBS.	AIR GAP (2 x SUPPLY DIAM.) SUPPLY _____ IN. GAP _____ IN.	<input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY DC	MANUFACTURER WATTS	MODEL 007M3	SIZE 3/4	SERIAL NUMBER 214756
HEIGHT OFF FLOOR PET	PROTECTION FROM: FREEZING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FLOODING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			NEW INSTALLATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INITIAL TEST		FINAL TEST AFTER REPAIR		
REDUCED PRESSURE PRINCIPLE ASSEMBLY		REDUCED PRESSURE PRINCIPLE ASSEMBLY:		
RELIEF VALVE OPENED AT _____ *PSID (2 PSID or more)		RELIEF VALVE OPENED AT _____ *PSID (2 PSID or more)		
2 nd CHECK held backpressure		2 nd CHECK held backpressure		
NO. 2 SHUTOFF VALVE leak tight		NO. 2 SHUTOFF VALVE leak tight		
1 st CHECK held in direction of flow _____ *PSID (5 PSID or more)		1 st CHECK held in direction of flow _____ *PSID (5 PSID or more)		
DIFFERENCE (1 st check - relief _____ *PSID (3 PSID or more)		DIFFERENCE (1 st check - relief _____ *PSID (3 PSID or more)		
NOTE: Failure of any of the above items, requires repair.		*Pounds per Square Inch Differential		
INITIAL TEST		FINAL TEST AFTER REPAIR		
DOUBLE CHECK VALVE ASSEMBLY:		DOUBLE CHECK VALVE ASSEMBLY:		
1 st CHECK held in direction of flow 1.8 PSID (1 PSID or more)		1 st CHECK held in direction of flow _____ PSID (1 PSID or more)		
2 nd CHECK held in direction of flow 1.2 PSID (1 PSID or more)		2 nd CHECK held in direction of flow _____ PSID (1 PSID or more)		
NOTE: Failure of any of the above items, requires repair.				
APPLICATION:		COMMENTS		
<input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> FIRE LINE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER (EXPLAIN)		FIRE LINE BYPASS METER # 35219868 READING - 0000.010		
THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE				
TESTED BY (PRINT) JAMES CORLESS		PREPARED BY (PRINT) (SIGNATURE) James Corless		
COMPANY THE DEGS IT, LLC		FINAL TEST BY (PRINT) (SIGNATURE)		
CERTIFICATION NUMBER AND EXPIRATION DATE 14-2957 3-31-18		OWNER OR OWNER'S REPRESENTATIVE		DATE 4-14-17
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.				