CITY OF LEE'S SUMMIT, MISSOURI
Support Services Division
P.O. Box 1600, Lee's Summit, Missouri 64063
Phone # 969-1930 Fax # 969-1935

BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER: Arcade Alley | ACCOUNT NUMBER:

SERVICE ADDRESS: 316 SE Douglas ST Lees Summit MO 64063

LOCATION OF DEVICE: in VAULT

DATE OF TEST: 4/29/19 | TIME: 1013 ☐ A.M. ☐ P.M. | SUPPLY PRESSURE: 90 LBS | AIR GAP (2 X SUPPLY DIAM.) SUPPLY ____ IN. GAP ____ IN. ☐ PASS ☐ FAIL

TYPE OF ASSEMBLY: DCDA | MANUFACTURER: Wilkins | MODEL: 350 ASTDA | SIZE: 6.0 | SERIAL NUMBER: 138513

HEIGHT OFF FLOOR: NA (IN./FT.) | PROTECTION FROM: FREEZING ☑ YES ☐ NO FLOODING ☐ YES ☑ NO | COMMENTS: | NEW INSTALLATION ☑ YES ☐ NO

INITIAL TEST	PASSED	FAILED
REDUCED PRESSURE PRINCIPAL ASSEMBLY:	☐	☐
RELIEF VALVE OPENED AT ___ *PSID (2 PSID or more)	☐	☐
2ND CHECK held backpressure	☐	☐
NO. 2 SHUT OFF VALVE leak tight	☐	☐
1ST CHECK held in direction of flow ___ *PSID (5 PSID or more)	☐	☐
DIFFERENCE (1st check - relief) ___ PSID (3 PSID or more)	☐	☐

NOTE: Failure of any of the above items, requires repair.

FINAL TEST AFTER REPAIR	PASSED	FAILED
REDUCED PRESSURE PRINCIPAL ASSEMBLY:	☐	☐
RELIEF VALVE OPENED AT ___ PSID (2 PSID or more)	☐	☐
2ND CHECK held backpressure	☐	☐
NO. 2 SHUT OFF VALVE leak tight	☐	☐
1ST CHECK held in direction of flow ___ PSID (5 PSID or more)	☐	☐
DIFFERENCE (1st check - relief) ___ PSID (3 PSID or more)	☐	☐

*Pounds per Square Inch Differential

INITIAL TEST	PASSED	FAILED
DOUBLE CHECK VALVE ASSEMBLY:	☐	☐
1ST CHECK held in direction of flow 1.5 PSID (1 PSID or more)	☑	☐
2ND CHECK held backpressure 2.0	☑	☐
2ND CHECK held in direction of flow 4.0 PSID (1 PSID or more)	☑	☐
NO. 2 SHUT OFF VALVE leak tight	☑	☐

NOTE: Failure of any of the above items, requires repair.

FINAL TEST AFTER REPAIR	PASSED	FAILED
DOUBLE CHECK VALVE ASSEMBLY:	☐	☐
1ST CHECK held in direction of flow ___ PSID (1 PSID or more)	☐	☐
2ND CHECK held backpressure	☐	☐
2ND CHECK held in direction of flow ___ PSID (1 PSID or more)	☐	☐
NO. 2 SHUT OFF VALVE leak tight	☐	☐

COMMERCIAL ☐
FIRE LINE ☑
IRRIGATION ☐

COMMENTS:

REPAIR HISTORY

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

TESTED BY (PRINT) James Alley (SIGNATURE)

COMPANY Reddi Services

CERTIFICATION NUMBER 24-0619 5/31/21

REPAIRED BY (PRINT) (SIGNATURE)

FINAL TEST BY (PRINT) (SIGNATURE)

OWNER OR OWNER'S REPRESENTATIVE

DATE 4/29/19

DISTRIBUTION: WHITE - WATER UTILITIES; YELLOW - OWNER OR TESTER