



WATER UTILITIES LEE'S SUMMIT

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Backflow Prevention Assembly Test Data & Maintenance Report

Customer Reece - Nichols			
Service Address 217 SW Main St Lee's Summit MO 64081			
Location of Backflow Assembly on Property 1st floor mechanical room behind elevator			
Date of Test 5-24-20	Time 8:00 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Supply Pressure 68 LBS	Air Gap (2 x Supply Diameter) Supply: 1 IN. Gap: open 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 Watts	Model LF009M2QT Size 1" Serial Number 196258
Height off Floor 1 FT 9 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 Reduced Pressure Principle Assembly: RELIEF VALVE opened at 3 PSID (2 PSID or more) 2nd CHECK held backpressure NO. 2 SHUTOFF VALVE leak tight 1st CHECK held in direction of flow 9.5 PSID (5 PSID or more) DIFFERENCE (1st check - relief) 6 PSID (3 PSID or more) Note: Failure of any of the above items, requires repair.	Passed Failed <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Final Test After Repair Reduced Pressure Principle Assembly: RELIEF VALVE opened at _____ PSID (2 PSID or more) 2nd CHECK held backpressure NO. 2 SHUTOFF 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.	Passed Failed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Initial Test 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 SHUTOFF VALVE leak tight Note: Failure of any of the above items, requires repair.	Passed Failed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Final Test After Repair 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 SHUTOFF VALVE leak tight Note: Failure of any of the above items, requires repair.	Passed Failed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Application: <input 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"/> Point of Use	Comments
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The Above Report is Certified to be True, Accurate and Complete

Tested By (Print) David Blixt	(Signature) [Signature]	Repaired by (Print) _____	(Signature) _____	Date of Repair _____
Company Century Plumbing		Final Test By (Print) _____	(Signature) _____	Date of Final Test _____
Missouri Certification Number 14-6609	Expiration Date 12-31-2021	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.