



LEE'S SUMMIT MISSOURI

RELEASE FOR LAWN SPRINKLER SYSTEM IN CITY OF LEE'S SUMMIT RIGHT OF WAY (RESIDENTIAL)

In consideration for the City of Lee's Summit's permission to extend a Lawn Irrigation System into the City's right of way at (legal description of the property):

Lot No. 3 Plat Title RENTREE PARK Address: 222 SW TOWER CT, LS, MO 64082
County: CASS State: MISSOURI

I, JOHN P. ROBERTS, the undersigned, successors, and assigns do hereby release and forever discharge the City of Lee's Summit, its employees and/or agents from and against any and all liability, claims and demands for any use arising out of, relating to, or being in any way connected with work or service by the City, its employees or agents within the City's right of way for any purpose whatsoever.

NOW THEREFORE, the Undersigned hereby declares that said property described above shall be held, sold and conveyed subject to the release herein and said release shall run with the real property and be binding on all parties having any part thereof, their heirs, successors and assigns.

IN WITNESS WHEREOF, this release has been read, signed and sealed this 21st day of OCTOBER, 2020

By: ALP RHT
JOHN P. ROBERTS
Printed or Typed Name

INDIVIDUAL ACKNOWLEDGMENT

STATE OF MISSOURI
COUNTY OF JACKSON

ON THIS, The 21st day of OCTOBER, 2020 before me, a Notary Public, personally appeared:
JOHN P. ROBERTS

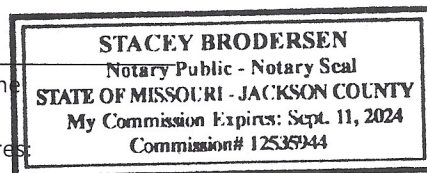
proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) subscribed to the within instrument, and acknowledged that he he/she/they executed the same for the purposes stated therein and no other.

WITNESS my hand and official seal in the County and State aforesaid, the day and year first above written.

/s/ [Signature]
Notary Public Signature

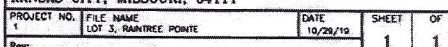
Printed or Typed Name

My Commission Expires



(Seal)

NOTE : AN ELEVATION CERTIFICATE
IS REQUIRED FOR LOT 2, LOT 3 AND
LOT 4.



BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER: Landrock																																																	
SERVICE ADDRESS: 222 SW Tiller Lee's Summit, mo 64082																																																	
LOCATION OF BACKFLOW ASSEMBLY ON PROPERTY: Adjacent water meter, front of home																																																	
DATE OF TEST: 10/20/20		TIME: 6:34 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		SUPPLY PRESSURE: 100 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"/> RP <input type="checkbox"/> DCDA (DETECTOR) <input type="checkbox"/> RPDA (DETECTOR) <input type="checkbox"/> PVB* (SEE BOTTOM OF FORM)		MANUFACTURER: Apollo		MODEL: DC4A		SIZE: 1" SERIAL NUMBER: 977572																																											
HEIGHT OFF FLOOR: _____ FT _____ 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"/> NON-POTABLE WATER (e.g., LAKE) <input type="checkbox"/> BOTH		NEW INSTALLATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																											
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APPLICATION:		COMMENTS																																															
<input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> IRRIGATION <input type="checkbox"/> FIRE LINE <input type="checkbox"/> FIRE LINE BY-PASS **METER # _____ **METER READ _____ <input type="checkbox"/> POINT OF USE																																																	
THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE																																																	
TESTED BY (PRINT): Benjamin Wicse		(SIGNATURE): <i>Benjamin Wicse</i>		REPAIRED BY (PRINT): _____		(SIGNATURE): _____																																											
COMPANY: Pinnacle Lawn Care, Inc.				FINAL TEST BY (PRINT): _____		(SIGNATURE): _____																																											
MISSOURI CERTIFICATION NUMBER: 34-10410		EXPIRATION DATE: 10-31-22		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.																																																	