

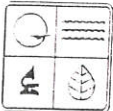


WATER UTILITIES LEE'S SUMMIT

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BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER Colbern Road Branch of Mid-Continent Public Library			
SERVICE ADDRESS 1000 NE Colbern Rd. Lee Summit MO 64086			
LOCATION OF BACKFLOW ASSEMBLY ON PROPERTY South Side of property in Pit			
DATE OF TEST 10/13	TIME 9:30 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	SUPPLY PRESSURE 85 LBS	AIR GAP (2 X SUPPLY DIAMETER) SUPPLY _____ IN. GAP _____ IN. <input type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY <input type="checkbox"/> DC <input checked="" type="checkbox"/> CCDA (DETECTOR) <input type="checkbox"/> RP <input type="checkbox"/> PVB* (SEE BOTTOM OF FORM)	MANUFACTURER Zurn Wilkins	MODEL 950 KLD	SIZE .75 SERIAL NUMBER HC36405
HEIGHT OFF FLOOR 2 FT 0 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 type="checkbox"/> PUBLIC POTABLE WATER <input type="checkbox"/> NON-POTABLE WATER (e.g., LAKE) <input type="checkbox"/> BOTH	NEW INSTALLATION <input 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)	PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	RELIEF VALVE OPENED AT _____ PSID (2 PSID or more)	PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>
2ND CHECK held backpressure	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	2ND CHECK held backpressure	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>
NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>
1ST CHECK held in direction of flow _____ PSID (5 PSID or more)	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	1ST CHECK held in direction of flow _____ PSID (5 PSID or more)	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>
DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>
NOTE: Failure of any of the above items, requires repair.		NOTE: Failure of any of the above items, requires repair.	
INITIAL TEST		FINAL TEST AFTER REPAIR	
DOUBLE CHECK VAVLE ASSEMBLY:		DOUBLE CHECK VAVLE ASSEMBLY:	
1ST CHECK held in direction of flow 1.2 PSID (1 PSID or more)	PASSED <input type="checkbox"/> FAILED <input type="checkbox"/> <input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	1ST CHECK held in direction of flow _____ PSID (1 PSID or more)	PASSED <input type="checkbox"/> FAILED <input type="checkbox"/> <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>
2ND CHECK held backpressure	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/> <input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	2ND CHECK held backpressure	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/> <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>
2ND CHECK held in direction of flow 1.4 PSID (1 PSID or more)	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/> <input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	2ND CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/> <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>
NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/> <input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/> <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>
NOTE: Failure of any of the above items, requires repair.		NOTE: Failure of any of the above items, requires repair.	
APPLICATION:		COMMENTS	
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> FIRE LINE <input checked="" type="checkbox"/> FIRE LINE BY-PASS **METER # _____ **METER READ _____ <input type="checkbox"/>		Colbern Road Branch of Mid-Continent Public Library	
THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE			
TESTED BY (PRINT) Alexander Williams	(SIGNATURE) [Signature]	REPAIRED BY (PRINT) _____ (SIGNATURE) _____ DATE OF REPAIR ____/____/____	
COMPANY She Digs It LLC	FINAL TEST BY (PRINT) _____ (SIGNATURE) _____ DATE OF FINAL TEST ____/____/____		
MISSOURI CERTIFICATION NUMBER 44129	EXPIRATION DATE 11/12/22	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 80-11-010(6)(E) requires testers to report results of tests and inspections to the customer and water supplier.			



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>Colbern Road Branch of Midcontinent</u>		CUSTOMER NUMBER		FILE NUMBER
MAILING ADDRESS <u>1000 N. Colbern Rd Lee Summit MO 64080</u>				
SERVICE LOCATION <u>South side of Property in P.I.</u>				METER NUMBER
DATE OF TEST <u>10/13</u>	TIME <u>4:45</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	SUPPLY PRESSURE <u>87</u> LBS.	AIR GAP (2 x SUPPLY DIAM.) SUPPLY _____ IN. GAP _____ IN.	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY <u>DC</u>	MANUFACTURER <u>Zurn Wilkins</u>	MODEL <u>350ASTDA</u>	SIZE <u>1/2"</u>	SERIAL NUMBER <u>18923 B</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: NEW INSTALLATION <input type="checkbox"/> YES <input type="checkbox"/> NO	
INITIAL TEST				
REDUCED PRESSURE PRINCIPLE ASSEMBLY		Passed <input type="checkbox"/> Failed <input type="checkbox"/>	FINAL TEST AFTER REPAIR	
RELIEF VALVE OPENED AT _____ *PSID (2 PSID or more)		<input type="checkbox"/> <input type="checkbox"/>	REDUCED PRESSURE PRINCIPLE ASSEMBLY:	
2 nd CHECK held backpressure		<input type="checkbox"/> <input type="checkbox"/>	RELIEF VALVE OPENED AT _____ *PSID (2 PSID or more)	
NO. 2 SHUTOFF VALVE leak tight		<input type="checkbox"/> <input type="checkbox"/>	2 nd CHECK held backpressure	
1 st CHECK held in direction of flow _____ *PSID (5 PSID or more)		<input type="checkbox"/> <input type="checkbox"/>	NO. 2 SHUTOFF VALVE leak tight	
DIFFERENCE (1 st check - relief _____ *PSID (3 PSID or more)		<input type="checkbox"/> <input type="checkbox"/>	1 st CHECK held in direction of flow _____ *PSID (5 PSID or more)	
NOTE: Failure of any of the above items, requires repair.			DIFFERENCE (1 st check - relief _____ *PSID (3 PSID or more)	
			*Pounds per Square Inch Differential	
INITIAL TEST				
DOUBLE CHECK VALVE ASSEMBLY:		Passed <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	FINAL TEST AFTER REPAIR	
1 st CHECK held in direction of flow <u>1.8</u> PSID (1 PSID or more)		<input checked="" type="checkbox"/> <input type="checkbox"/>	DOUBLE CHECK VALVE ASSEMBLY:	
2 nd CHECK held in direction of flow <u>1.4</u> PSID (1 PSID or more)		<input checked="" type="checkbox"/> <input type="checkbox"/>	1 st CHECK held in direction of flow _____ PSID (1 PSID or more)	
NOTE: Failure of any of the above items, requires repair.			2 nd CHECK held in direction of flow _____ PSID (1 PSID or more)	
APPLICATION:		COMMENTS		
<input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> FIRE LINE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER (EXPLAIN)		<u>SW corner by Road</u>		
THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE				
TESTED BY (PRINT) <u>Alexander Williams</u>		PREPARED BY (PRINT) (SIGNATURE) <u>[Signature]</u>		
COMPANY <u>She Digs It LLC</u>		FINAL TEST BY (PRINT) (SIGNATURE)		
CERTIFICATION NUMBER AND EXPIRATION DATE <u>44124 11/12/22</u>		OWNER OR OWNER'S REPRESENTATIVE		DATE <u>10/13/20</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.				