



# WATER UTILITIES LEE'S SUMMIT

1200 SE Hamblen Road | Lee's Summit, MO 64081

P: 816.969.1900 | F: 816.969.1935

backflow@cityofls.net | LSwater.net

## Backflow Prevention Assembly Test Data & Maintenance Report

Customer <b>Whataburger</b>					
Service Address <b>1460 NE Douglas St ; Lee's Summit MO 64086</b>					
Location of Backflow Assembly on Property <b>In Vault on north side of driveway entrance</b>					
Date of Test <b>10/25/21</b>	Time <b>4:20</b> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Supply Pressure _____ 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"/> DCD (Detector) <input type="checkbox"/> PVB* (See Bottom of Form)	<input type="checkbox"/> RP <input type="checkbox"/> RPDA (Detector)	Manufacturer <b>WATTS</b>	Model <b>007M3QT</b>	Size <b>3/4"</b>	Serial Number <b>228481</b>
Height off Floor <b>4</b> FT <b>0</b> 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
<b>Initial Test</b>		<b>Passed</b>		<b>Failed</b>	
<b>Reduced Pressure Principle Assembly:</b>		<input type="checkbox"/>		<input type="checkbox"/>	
RELIEF VALVE opened at _____ PSID (2 PSID or more)		<input type="checkbox"/>		<input type="checkbox"/>	
2nd CHECK held backpressure		<input type="checkbox"/>		<input type="checkbox"/>	
NO. 2 SHUTOFF VALVE leak tight		<input type="checkbox"/>		<input type="checkbox"/>	
1st CHECK held in direction of flow _____ PSID (5 PSID or more)		<input type="checkbox"/>		<input type="checkbox"/>	
DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)		<input type="checkbox"/>		<input type="checkbox"/>	
: Failure of any of the above items, requires repair.					
<b>Final Test After Repair</b>		<b>Passed</b>		<b>Failed</b>	
<b>Reduced Pressure Principle Assembly:</b>		<input type="checkbox"/>		<input type="checkbox"/>	
RELIEF VALVE opened at _____ PSID (2 PSID or more)		<input type="checkbox"/>		<input type="checkbox"/>	
2nd CHECK held backpressure		<input type="checkbox"/>		<input type="checkbox"/>	
NO. 2 SHUTOFF VALVE leak tight		<input type="checkbox"/>		<input type="checkbox"/>	
1st CHECK held in direction of flow _____ PSID (5 PSID or more)		<input type="checkbox"/>		<input type="checkbox"/>	
DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)		<input type="checkbox"/>		<input type="checkbox"/>	
Note: Failure of any of the above items, requires repair.					
<b>Initial Test</b>		<b>Passed</b>		<b>Failed</b>	
<b>Double Check Valve Assembly:</b>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
1st CHECK held in direction of flow <b>2.4</b> PSID (1 PSID or more)		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
2nd CHECK held backpressure		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
2nd CHECK held in direction of flow <b>2.2</b> PSID (1 PSID or more)		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
NO. 2 SHUTOFF VALVE leak tight		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Note: Failure of any of the above items, requires repair.					
<b>Final Test After Repair</b>		<b>Passed</b>		<b>Failed</b>	
<b>Double Check Valve Assembly:</b>		<input type="checkbox"/>		<input type="checkbox"/>	
1st CHECK held in direction of flow _____ PSID (1 PSID or more)		<input type="checkbox"/>		<input type="checkbox"/>	
2nd CHECK held backpressure		<input type="checkbox"/>		<input type="checkbox"/>	
2nd CHECK held in direction of flow _____ PSID (1 PSID or more)		<input type="checkbox"/>		<input type="checkbox"/>	
NO. 2 SHUTOFF VALVE leak tight		<input type="checkbox"/>		<input type="checkbox"/>	
Note: Failure of any of the above items, requires repair.					
<b>Application:</b>		<b>Comments</b>			
<input checked="" 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		<b>In Vault , North of entrance to Property .</b>			
<b>The Above Report is Certified to be True, Accurate and Complete</b>					
Tested By (Print) <b>Shane Smith</b>		(Signature) 		Repaired by (Print) (Signature) Date of Repair	
Company		Final Test By (Print) (Signature)		Date of Final Test	
Serial Certification Number <b>45840</b>		Expiration Date <b>6/30/2023</b>		Owner or Owner's Representative 	
Date <b>11/4/21</b>					
*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.					





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Service Address: <u>1460 NE Douglas St; Lee's Summit MO 64086</u>					
Location of Backflow Assembly on Property: <u>in Vault on north side of driveway entrance</u>					
Date of Test: <u>10/25/2021</u>		Time: <u>4:30</u> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>		Supply Pressure: _____ LBS	
				Air Gap (2 x Supply Diameter) Supply: _____ IN. Gap: _____ IN. <span style="float:right"><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</span>	
Type of Assembly <input checked="" type="checkbox"/> DC <input type="checkbox"/> RP <input checked="" type="checkbox"/> DCDA (Detector) <input type="checkbox"/> RPDA (Detector) <input type="checkbox"/> PVB* (See Bottom of Form)		Manufacturer: <u>Watts</u>		Model: <u>757 DCDA</u> Size: <u>6"</u> Serial Number: <u>VF-1075</u>	
Height off Floor: <u>4</u> FT <u>0</u> 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					
<b>Initial Test</b>		<b>Passed</b>		<b>Failed</b>	
<b>Reduced Pressure Principle Assembly:</b>					
RELIEF VALVE opened at _____ PSID (2 PSID or more)		<input type="checkbox"/>		<input type="checkbox"/>	
2nd CHECK held backpressure		<input type="checkbox"/>		<input type="checkbox"/>	
NO. 2 SHUTOFF VALVE leak tight		<input type="checkbox"/>		<input type="checkbox"/>	
1st CHECK held in direction of flow _____ PSID (5 PSID or more)		<input type="checkbox"/>		<input type="checkbox"/>	
DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)		<input type="checkbox"/>		<input type="checkbox"/>	
: Failure of any of the above items, requires repair.					
<b>Final Test After Repair</b>		<b>Passed</b>		<b>Failed</b>	
<b>Reduced Pressure Principle Assembly:</b>					
RELIEF VALVE opened at _____ PSID (2 PSID or more)		<input type="checkbox"/>		<input type="checkbox"/>	
2nd CHECK held backpressure		<input type="checkbox"/>		<input type="checkbox"/>	
NO. 2 SHUTOFF VALVE leak tight		<input type="checkbox"/>		<input type="checkbox"/>	
1st CHECK held in direction of flow _____ PSID (5 PSID or more)		<input type="checkbox"/>		<input type="checkbox"/>	
DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)		<input type="checkbox"/>		<input type="checkbox"/>	
Note: Failure of any of the above items, requires repair.					
<b>Initial Test</b>		<b>Passed</b>		<b>Failed</b>	
<b>Double Check Valve Assembly:</b>					
1st CHECK held in direction of flow <u>4.0</u> PSID (1 PSID or more)		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
2nd CHECK held backpressure		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
2nd CHECK held in direction of flow <u>3.8</u> PSID (1 PSID or more)		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
NO. 2 SHUTOFF VALVE leak tight		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Note: Failure of any of the above items, requires repair.					
<b>Final Test After Repair</b>		<b>Passed</b>		<b>Failed</b>	
<b>Double Check Valve Assembly:</b>					
1st CHECK held in direction of flow _____ PSID (1 PSID or more)		<input type="checkbox"/>		<input type="checkbox"/>	
2nd CHECK held backpressure		<input type="checkbox"/>		<input type="checkbox"/>	
2nd CHECK held in direction of flow _____ PSID (1 PSID or more)		<input type="checkbox"/>		<input type="checkbox"/>	
NO. 2 SHUTOFF VALVE leak tight		<input type="checkbox"/>		<input type="checkbox"/>	
Note: Failure of any of the above items, requires repair.					
<b>Application:</b>		<b>Comments</b>			
<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Fire Line <input type="checkbox"/> Fire Line By-Pass **Meter # _____ **Meter Read _____ <input type="checkbox"/> Point of Use		<u>In Vault on north side of driveway entrance.</u>			
<b>The Above Report is Certified to be True, Accurate and Complete</b>					
Tested By (Print): <u>Shane Smith</u>		(Signature): <u>[Signature]</u>		Repaired by (Print): _____ (Signature): _____	
Company: _____		Final Test By (Print): _____ (Signature): _____		Date of Repair: _____	
Date of Final Test: _____		Owner or Owner's Representative: <u>[Signature]</u>		Date: <u>11/4/21</u>	
Certificate Number: <u>45840</u>		Expiration Date: <u>6/30/2023</u>			
*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.					