



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

Pool

Backflow Prevention Assembly Test Data & Maintenance Report

Customer Blue River Plumbing					
Service Address 1701 Oldham Parkway Lees Summitt					
Location of Backflow Assembly on Property in pool room					
Date of Test 2/3/2022		Time 2 : 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		Supply Pressure 70 LBS	
				Air Gap (2 x Supply Diameter) Supply: .75 IN. Gap: 1.5 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 009m3	
				Size .75	
				Serial Number 351849	
Height off Floor 5 FT 0 IN		Protection From Freezing: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Flooding: <input 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			Final Test After Repair		
Reduced Pressure Principle Assembly:			Reduced Pressure Principle Assembly:		
RELIEF VALVE opened at 3.1 PSID (2 PSID or more)			RELIEF VALVE opened at _____ PSID (2 PSID or more)		
2nd CHECK held backpressure			2nd CHECK held backpressure		
NO. 2 SHUTOFF VALVE leak tight			NO. 2 SHUTOFF VALVE leak tight		
1st CHECK held in direction of flow 9.0 PSID (5 PSID or more)			1st CHECK held in direction of flow _____ PSID (5 PSID or more)		
DIFFERENCE (1st check - relief) 5.9 PSID (3 PSID or more)			DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)		
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 Valve Assembly:			Double Check Valve Assembly:		
1st CHECK held in direction of flow _____ PSID (1 PSID or more)			1st CHECK held in direction of flow _____ PSID (1 PSID or more)		
2nd CHECK held backpressure			2nd CHECK held backpressure		
2nd CHECK held in direction of flow _____ PSID (1 PSID or more)			2nd CHECK held in direction of flow _____ PSID (1 PSID or more)		
NO. 2 SHUTOFF VALVE leak tight			NO. 2 SHUTOFF VALVE leak tight		
Note: Failure of any of the above items, requires repair.			Note: Failure of any of the above items, requires repair.		
Application:			Comments		
<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					
The Above Report is Certified to be True, Accurate and Complete					
Tested By (Print) Michael Covington		(Signature)		Repaired by (Print) (Signature)	
Company Bristol Plumbing LLC		Final Test By (Print) (Signature)		Date of Repair	
Missouri Certification Number 34-8389		Expiration Date 10/31/24		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.

Distribution:

WHITE - Water Supplier

CANARY - Owner

Version: 2014v1



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Backflow Prevention Assembly Test Data & Maintenance Report

Customer Blue River Plumbing			
Service Address 1701 Oldham Parkway Lees Summitt			
Location of Backflow Assembly on Property in mechanical room			
Date of Test 1/31/22	Time 9 : 00 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Supply Pressure 70 LBS	Air Gap (2 x Supply Diameter) Supply: 4 IN. Gap: 8 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 957
Size 4"		Serial Number vf-2208	
Height off Floor 3 FT 0 IN	Protection From Freezing: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Flooding: <input 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)	New Installation <input checked="" 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 2.9 PSID (2 PSID or more)	<input checked="" type="checkbox"/> Passed <input type="checkbox"/> Failed	RELIEF VALVE opened at _____ PSID (2 PSID or more)	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
2nd CHECK held backpressure	<input checked="" type="checkbox"/> Passed <input type="checkbox"/> Failed	2nd CHECK held backpressure	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
NO. 2 SHUTOFF VALVE leak tight	<input checked="" type="checkbox"/> Passed <input type="checkbox"/> Failed	NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
1st CHECK held in direction of flow 8.4 PSID (5 PSID or more)	<input checked="" type="checkbox"/> Passed <input type="checkbox"/> Failed	1st CHECK held in direction of flow _____ PSID (5 PSID or more)	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
DIFFERENCE (1st check - relief) 5.5 PSID (3 PSID or more)	<input checked="" type="checkbox"/> Passed <input type="checkbox"/> Failed	DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
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 Valve Assembly:		Double Check Valve Assembly:	
1st CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	1st CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
2nd CHECK held backpressure	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	2nd CHECK held backpressure	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
2nd CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	2nd CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
Note: Failure of any of the above items, requires repair.		Note: Failure of any of the above items, requires repair.	
Application: <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		Comments	
The Above Report is Certified to be True, Accurate and Complete			
Tested By (Print) Michael Covington		Repaired by (Print) _____	
(Signature) _____		(Signature) _____	
Date of Repair		Date of Final Test	
Company Bristol Plumbing LLC		Final Test By (Print) _____	
(Signature) _____		(Signature) _____	
Missouri Certification Number 34-8389		Owner or Owner's Representative _____	
Expiration Date 10/31/24		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.			



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FIRE

Backflow Prevention Assembly Test Data & Maintenance Report

Customer	The Princeton Senior Living
Service Address	1701 SE Oldham Pkwy, Lee's Summit, MO 64081
Location of Backflow Assembly on Property	Vault southeast drive.

Date of Test 2/1/2022	Time 2 : 30 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Supply Pressure 75 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"/> DCDA (Detector) <input type="checkbox"/> PVB* (See Bottom of Form)	<input type="checkbox"/> RP <input type="checkbox"/> RPDA (Detector)	Manufacturer Watts	Model 757	Size 8"
Height off Floor 3 FT 6 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)	New Installation <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Initial Test	Passed	Failed	Final Test After Repair	Passed	Failed
Reduced Pressure Principle Assembly:			Reduced Pressure Principle Assembly:		
RELIEF VALVE opened at _____ PSID (2 PSID or more)	<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"/>	2nd CHECK held backpressure	<input type="checkbox"/>	<input type="checkbox"/>
NO. 2 SHUTOFF VALVE leak tight	<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"/>	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"/>	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.			Note: Failure of any of the above items, requires repair.		

Initial Test	Passed	Failed	Final Test After Repair	Passed	Failed
Double Check Valve Assembly:			Double Check Valve Assembly:		
1st CHECK held in direction of flow 3.5 PSID (1 PSID or more)	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	2nd CHECK held backpressure	<input type="checkbox"/>	<input type="checkbox"/>
2nd CHECK held in direction of flow 2 PSID (1 PSID or more)	<input checked="" 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 checked="" 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.			Note: Failure of any of the above items, requires repair.		

Application:	Comments
<input 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	

The Above Report is Certified to be True, Accurate and Complete			
Tested By (Print) Matthew Schmidt	(Signature) 	Repaired by (Print) _____	(Signature) _____
Company LMG Construction Services, LLC		Final Test By (Print) _____	(Signature) _____
Missouri Certification Number 33-12507		Expiration Date 01/31/2024	Owner or Owner's Representative _____
Date _____			

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Backflow Prevention Assembly Test Data & Maintenance Report

Customer	The Princeton Senior Living
Service Address	1701 SE Oldham Pkwy, Lee's Summit, MO 64081
Location of Backflow Assembly on Property	Vault southeast drive.

Date of Test 2/1/2022	Time 2 : 30 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Supply Pressure 75 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"/> DCDA (Detector) <input type="checkbox"/> PVB* (See Bottom of Form)	<input type="checkbox"/> RP <input type="checkbox"/> RPDA (Detector)	Manufacturer Watts	Model 007M3QT	Size 3/4	Serial Number 223702
Height off Floor 3 FT 6 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)	New Installation <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

Initial Test	Passed	Failed
Reduced Pressure Principle Assembly:	<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.		

Final Test After Repair	Passed	Failed
Reduced Pressure Principle Assembly:	<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.		

Initial Test	Passed	Failed
Double Check Valve Assembly:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1st CHECK held in direction of flow _____ 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 _____ 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.		

Final Test After Repair	Passed	Failed
Double Check Valve Assembly:	<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.		

Application:	Comments
<input type="checkbox"/> Commercial <input type="checkbox"/> Irrigation <input type="checkbox"/> Fire Line <input checked="" type="checkbox"/> Fire Line By-Pass **Meter # 39475510 **Meter Read 0000020 <input type="checkbox"/> Point of Use	

The Above Report is Certified to be True, Accurate and Complete			
Tested By (Print) Matthew Schmidt	(Signature) 	Repaired by (Print) _____	Date of Repair _____
Company LMG Construction Services, LLC	Final Test By (Print) _____	(Signature) _____	Date of Final Test _____
Missouri Certification Number 33-12507	Expiration Date 01/31/2024	Owner or Owner's Representative _____	Date _____

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