



# 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 **New Mark Homes**

Service Address **1916 SW River Run Dr., Lee's Summit, MO 64082**

Location of Backflow Assembly on Property **Front Yard by water meter.**

Date of Test **10/29/21** Time **12 : 00** AM ☐ PM ☒ Supply Pressure **80** LBS Air Gap (2 x Supply Diameter) ☐ PASS ☐ FAIL  
Supply: \_\_\_\_\_ IN. Gap: \_\_\_\_\_ IN.

Type of Assembly ☒ DC ☐ RP ☐ DCD (Detector) ☐ RPDA (Detector) ☐ PVB\* (See Bottom of Form) Manufacturer **WILKINS** Model **350** Size **1.0** Serial Number **AJC 4244**

Height off Floor \_\_\_\_\_ FT \_\_\_\_\_ IN Protection From Freezing: ☐ Yes ☒ No Flooding: ☐ Yes ☒ No Supply Source ☒ Public Potable Water ☐ Both ☐ Non-Potable Water (e.g., LAKE) New Installation ☒ YES ☐ NO

Initial Test	Passed	Failed	Final Test After Repair	Passed	Failed
<b>Reduced Pressure Principle Assembly:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	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"/>
<b>Note: Failure of any of the above items, requires repair.</b>			<b>Note: Failure of any of the above items, requires repair.</b>		

Initial Test	Passed	Failed	Final Test After Repair	Passed	Failed
<b>Double Check Valve Assembly:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Double Check Valve Assembly:</b>	<input type="checkbox"/>	<input type="checkbox"/>
1st CHECK held in direction of flow <b>2.2</b> 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 <b>2.0</b> 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"/>
<b>Note: Failure of any of the above items, requires repair.</b>			<b>Note: Failure of any of the above items, requires repair.</b>		

<b>Application:</b> <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	Comments
--	----------

The Above Report is Certified to be True, Accurate and Complete

Tested By (Print) <b>JUAN O. VIDAL</b> (Signature)	Repaired by (Print) _____ (Signature) _____	Date of Repair _____
--	---	----------------------

Company <b>JV LANDSCAPE SOLUTIONS LLC.</b>	Final Test By (Print) _____ (Signature) _____	Date of Final Test _____
--	---	--------------------------

Missouri Certification Number <b>33-2654</b>	Expiration Date <b>04/30/2022</b>	Owner or Owner's Representative _____	Date <b>10/29/21</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.