

Backflow Prevention Assembly Test Data & Maintenance Report

Customer: LEE'S Summit USED CARS

Service Address: 2100 NE Indep. AVEN. LEE'S Summit, MO 64064

Location of Backflow Assembly on Property: In VAULT on South Side of Property by Town Centre DR.

Date of Test: 3/31/22 Time: 12:50 AM PM Supply Pressure: 90 LBS Air Gap (2 x Supply Diameter): 3/4 IN. Gap: N/A IN. PASS FAIL

Type of Assembly: DC RP DCDA (Detector) RPDA (Detector) PVB* (See Bottom of Form) Manufacturer: ZURN Wilkins Model: 950XLD Size: 3/4" Serial Number: #HC46459

Height off Floor: In VAULT Protection From: Freezing: Yes No Flooding: Yes No Supply Source: Public Potable Water Non-Potable Water (e.g., LAKE) Both YES NO

Initial Test	Passed	Failed	Final Test After Repair	Passed	Failed
Reduced Pressure Principle Assembly:	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	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:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Double Check Valve Assembly:	<input type="checkbox"/>	<input type="checkbox"/>
1st CHECK held in direction of flow <u>1.2</u> 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 <u>1.6</u> 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: Commercial Irrigation Fire Line Fire Line By-Pass
 **Meter # 21100490
 **Meter Read 00
 Point of Use

Comments:

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

Tested By (Print): Tim Schoeller (Signature): [Signature] Repaired by (Print): _____ (Signature): _____ Date of Repair: _____

Company: Schoeller Plumbing, Inc. ph: 816-628-3848 Final Test By (Print): _____ (Signature): _____ Date of Final Test: _____

Missouri Certification Number: 34-3512 Expiration Date: 06/30/23 Owner or Owner's Representative: [Signature] Date: 3/31/22

*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.

Backflow Prevention Assembly Test Data & Maintenance Report

Customer **LEE'S Summit USED CARS**

Service Address **2100 NE Indep. AVEN, LEE'S Summit, MO 64064**

Location of Backflow Assembly on Property **In VAULT on South Side of Property by Town Centre DR**

Date of Test **3/31/22** Time **12:15** AM PM Supply Pressure **90** LBS Air Gap (2 x Supply Diameter) Supply: **6** IN. Gap: **N/A** IN. PASS FAIL

Type of Assembly DC DCDA (Detector) PVB* (See Bottom of Form) RP RPDA (Detector) Manufacturer **ZURN Wilkins** Model **350ASTDA** Size **6"** Serial Number **# 22513**

Height off Floor **In VAULT** FT Protection From Freezing: Yes No Flooding: Yes No Supply Source Public Potable Water Non-Potable Water (e.g., LAKE) Both New Installation YES 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 2.2 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 2.6 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:

Commercial
 Irrigation
 Fire Line
 Fire Line By-Pass
 **Meter # _____
 **Meter Read _____
 Point of Use

Comments

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

Tested By (Print) Tim Schoeller	(Signature)	Repaired by (Print) _____	(Signature) _____	Date of Repair _____
Company Schoeller Plumbing, Inc.	ph: 816-628-3848	Final Test By (Print) _____	(Signature) _____	Date of Final Test _____
Missouri Certification Number 34-3512	Expiration Date 06/30/23	Owner or Owner's Representative	Date 3/31/22	

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