



WATER UTILITIES LEE'S SUMMIT

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Backflow Prevention Assembly Test Data & Maintenance Report

Customer **New Mark Homes**

Service Address **1928 SW River Run Dr., Lee's Summit, MO 64082**

Location of Backflow Assembly on Property **Front Yard by Water Meter.**

Date of Test **08/29/22** Time **7 : 00** AM ☐ PM ☒ Supply Pressure **85** 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 **AJR7927**

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
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 2.4 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:	Comments
<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	

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

Tested By (Print) JUAN OTHON VIDAL	(Signature)	Repaired by (Print) _____	(Signature) _____	Date of Repair _____
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Company JV LANDSCAPE SOLUTIONS LLC	Final Test By (Print) _____	(Signature) _____	Date of Final Test _____
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Missouri Certification Number 33-2654	Expiration Date 04/30/2025	Owner or Owner's Representative _____	Date 05/29/22
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*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.