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
CHASE BANK

Service Address
890 NE LANGSFORD ROAD LEES SUMMIT, MO 64063

Location of Backflow Assembly on Property
JANITORS CLOSET

Date of Test	Time	Supply Pressure	Air Gap (2 x Supply Diameter)	
9-20-22	11 : 00 AM [X] PM [ ]	78 LBS	Supply: 1 IN. Gap: 2 IN.	[X] PASS [ ] FAIL

Type of Assembly	Manufacturer	Model	Size	Serial Number
[ ] DC [X] RP [ ] DCDA (Detector) [ ] RPDA (Detector) [ ] PVB* (See Bottom of Form)	WATTS	LF009M2QT	1"	263110

Height off Floor	Protection From	Supply Source	New Installation
2 FT 11 IN	Freezing: [X] Yes [ ] No Flooding: [X] Yes [ ] No	[X] Public Potable Water [ ] Both [ ] Non-Potable Water (e.g., LAKE)	[X] YES [ ] NO

Inital Test	Passed	Failed
Reduced Pressure Principle Assembly:	[X]	[ ]
RELIEF VALVE opened at 4 PSID (2 PSID or more)	[X]	[ ]
2nd CHECK held backpressure	[X]	[ ]
NO. 2 SHUTOFF VALVE leak tight	[X]	[ ]
1st CHECK held in direction of flow 8.5 PSID (5 PSID or more)	[X]	[ ]
DIFFERENCE (1st check - relief) 45 PSID (3 PSID or more)	[X]	[ ]
Note: Failure of any of the above items, requires repair.		

Final Test After Repair	Passed	Failed
Reduced Pressure Principle Assembly:	[ ]	[ ]
RELIEF VALVE opened at _____ PSID (2 PSID or more)	[ ]	[ ]
2nd CHECK held backpressure	[ ]	[ ]
NO. 2 SHUTOFF VALVE leak tight	[ ]	[ ]
1st CHECK held in direction of flow _____ PSID (5 PSID or more)	[ ]	[ ]
DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)	[ ]	[ ]
Note: Failure of any of the above items, requires repair.		

Initial Test	Passed	Failed
Double Check Valve Assembly:	[ ]	[ ]
1st CHECK held in direction of flow _____ PSID (1 PSID or more)	[ ]	[ ]
2nd CHECK held backpressure	[ ]	[ ]
2nd CHECK held in direction of flow _____ PSID (1 PSID or more)	[ ]	[ ]
NO. 2 SHUTOFF VALVE leak tight	[ ]	[ ]
Note: Failure of any of the above items, requires repair.		

Final Test After Repair	Passed	Failed
Double Check Valve Assembly:	[ ]	[ ]
1st CHECK held in direction of flow _____ PSID (1 PSID or more)	[ ]	[ ]
2nd CHECK held backpressure	[ ]	[ ]
2nd CHECK held in direction of flow _____ PSID (1 PSID or more)	[ ]	[ ]
NO. 2 SHUTOFF VALVE leak tight	[ ]	[ ]
Note: Failure of any of the above items, requires repair.		

Application:
- [X] 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)	(Signature)	Repaired by (Print)	(Signature)	Date of Repair
JACOB LAMB	Jacob Lamb			
Company		**Final Test By (Print)**	**(Signature)**	**Date of Final Test**
KANSAS CITY MECHANICAL				
Missouri Certification Number	**Expiration Date**	**Owner or Owner's Representative**		**Date**
14-9409	12-31-22			

*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.

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Location of Backflow Assembly on Property
JANITORS CLOSET

Date of Test	*Time*	*Supply Pressure*	*Air Gap (2 x Supply Diameter)*
9-20-22	10 : 00 AM [X] PM [ ]	78 LBS	Supply: 1 IN. Gap: 2 IN. [X] PASS [ ] FAIL

Type of Assembly	*Manufacturer*	*Model*	*Size*	*Serial Number*
[ ] DC [X] RP [ ] DCDA (Detector) [ ] RPDA (Detector) [ ] PVB* (See Bottom of Form)	WATTS	LF009M2QT	1"	261082

Height off Floor	*Protection From*	*Supply Source*	*New Installation*
4 FT 3 IN	Freezing: [X] Yes [ ] No Flooding: [X] Yes [ ] No	[X] Public Potable Water [ ] Both [ ] Non-Potable Water (e.g., LAKE)	[X] YES [ ] NO

Inital Test	**Passed**	**Failed**
Reduced Pressure Principle Assembly:	[X]	[ ]
RELIEF VALVE opened at 5 PSID (2 PSID or more)	[X]	[ ]
2nd CHECK held backpressure	[X]	[ ]
NO. 2 SHUTOFF VALVE leak tight	[X]	[ ]
1st CHECK held in direction of flow 8.5 PSID (5 PSID or more)	[X]	[ ]
DIFFERENCE (1st check - relief) 3.5 PSID (3 PSID or more)	[X]	[ ]
Note: Failure of any of the above items, requires repair.		

Final Test After Repair	**Passed**	**Failed**
Reduced Pressure Principle Assembly:	[ ]	[ ]
RELIEF VALVE opened at _____ PSID (2 PSID or more)	[ ]	[ ]
2nd CHECK held backpressure	[ ]	[ ]
NO. 2 SHUTOFF VALVE leak tight	[ ]	[ ]
1st CHECK held in direction of flow _____ PSID (5 PSID or more)	[ ]	[ ]
DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)	[ ]	[ ]
Note: Failure of any of the above items, requires repair.		

Initial Test	**Passed**	**Failed**
Double Check Valve Assembly:	[ ]	[ ]
1st CHECK held in direction of flow _____ PSID (1 PSID or more)	[ ]	[ ]
2nd CHECK held backpressure	[ ]	[ ]
2nd CHECK held in direction of flow _____ PSID (1 PSID or more)	[ ]	[ ]
NO. 2 SHUTOFF VALVE leak tight	[ ]	[ ]
Note: Failure of any of the above items, requires repair.		

Final Test After Repair	**Passed**	**Failed**
Double Check Valve Assembly:	[ ]	[ ]
1st CHECK held in direction of flow _____ PSID (1 PSID or more)	[ ]	[ ]
2nd CHECK held backpressure	[ ]	[ ]
2nd CHECK held in direction of flow _____ PSID (1 PSID or more)	[ ]	[ ]
NO. 2 SHUTOFF VALVE leak tight	[ ]	[ ]
Note: Failure of any of the above items, requires repair.		

Application:
- [ ] Commercial
- [X] 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)	*(Signature)*	*Repaired by (Print)*	*(Signature)*	*Date of Repair*
JACOB LAMB	Jacob Lamb			
Company		*Final Test By (Print)*	*(Signature)*	*Date of Final Test*
KANSAS CITY MECHANICAL				
Missouri Certification Number	*Expiration Date*	*Owner or Owner's Representative*		*Date*
14-9409	12-31-22			

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