



# WATER UTILITIES LEE'S SUMMIT

220 SE GREEN ST, LEE'S SUMMIT, MO 64064  
PHONE: (816) 969-1930 FAX: (816) 969-1935  
EMAIL: backflow@cityofls.net WEB: lswater.net

## BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER			
SERVICE ADDRESS 1220 NW Main Street Lee Summit MO 64086			
LOCATION OF BACKFLOW ASSEMBLY ON PROPERTY Water Room on South Side			
DATE OF TEST 10-9-23	TIME 1:00	SUPPLY PRESSURE 79 LBS	AIR GAP (2 X SUPPLY DIAMETER) SUPPLY _____ IN. GAP _____ IN. <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY <input type="checkbox"/> DC <input type="checkbox"/> DCDA (DETECTOR) <input checked="" type="checkbox"/> RP <input type="checkbox"/> PVB* (SEE BOTTOM OF FORM)	MANUFACTURER WATTS	MODEL 957	SIZE 3" SERIAL NUMBER XB-0422
HEIGHT OFF FLOOR 2 FT 6 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
<b>INITIAL TEST</b>		<b>FINAL TEST AFTER REPAIR</b>	
<b>REDUCED PRESSURE PRINCIPLE ASSEMBLY:</b>		<b>REDUCED PRESSURE PRINCIPLE ASSEMBLY:</b>	
RELIEF VALVE OPENED AT 3.0 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 9.8 PSID (5 PSID or more)		1ST CHECK held in direction of flow _____ PSID (5 PSID or more)	
DIFFERENCE (1st check - relief) 6.8 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.	
<b>INITIAL TEST</b>		<b>FINAL TEST AFTER REPAIR</b>	
<b>DOUBLE CHECK VAVLE ASSEMBLY:</b>		<b>DOUBLE CHECK VAVLE ASSEMBLY:</b>	
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.	
<b>APPLICATION:</b>		<b>COMMENTS</b>	
<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"/>			
<b>THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE</b>			
TESTED BY (PRINT) Matt White	(SIGNATURE) Matt White	REPAIRED BY (PRINT) Central Plumbing	(SIGNATURE) Central Plumbing
COMPANY Central Plumbing		FINAL TEST BY (PRINT) Central Plumbing	(SIGNATURE) Central Plumbing
MISSOURI CERTIFICATION NUMBER 14-10649	EXPIRATION DATE 12/31/23	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.			



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## BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER			
SERVICE ADDRESS 1220 NW Main Street Lee Summit MO 64086			
LOCATION OF BACKFLOW ASSEMBLY ON PROPERTY Southeast corner of lot in Valet			
DATE OF TEST 10-9-23	TIME 1:30	SUPPLY PRESSURE 98 LBS	AIR GAP (2 X SUPPLY DIAMETER) SUPPLY _____ IN. GAP _____ IN. <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY <input checked="" type="checkbox"/> PC <input type="checkbox"/> DCDA (DETECTOR) <input type="checkbox"/> RPDA (DETECTOR) <input type="checkbox"/> PVB* (SEE BOTTOM OF FORM)	MANUFACTURER Watts	MODEL 757	SERIAL NUMBER WK-2157
HEIGHT OFF FLOOR ____ FT ____ 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) <input type="checkbox"/> BOTH	NEW INSTALLATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>INITIAL TEST</b>		<b>FINAL TEST AFTER REPAIR</b>	
<b>REDUCED PRESSURE PRINCIPLE ASSEMBLY:</b>		<b>REDUCED PRESSURE PRINCIPLE ASSEMBLY:</b>	
RELIEF VALVE OPENED AT _____ PSID (2 PSID or more)	<input 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 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 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 _____ PSID (5 PSID or more)	<input 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) _____ PSID (3 PSID or more)	<input 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.	
<b>INITIAL TEST</b>		<b>FINAL TEST AFTER REPAIR</b>	
<b>DOUBLE CHECK VAVLE ASSEMBLY:</b>		<b>DOUBLE CHECK VAVLE ASSEMBLY:</b>	
1ST CHECK held in direction of flow 2.0 PSID (1 PSID or more)	<input checked="" 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 checked="" 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 2.8 PSID (1 PSID or more)	<input checked="" 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 checked="" 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.	
<b>APPLICATION:</b>		<b>COMMENTS</b>	
<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"/>			
<b>THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE</b>			
TESTED BY (PRINT) Matt White	SIGNATURE <i>Matt White</i>	REPAIRED BY (PRINT) Matt White	SIGNATURE <i>Matt White</i>
COMPANY Central Plumbing		FINAL TEST BY (PRINT) Matt White	SIGNATURE <i>Matt White</i>
MISSOURI CERTIFICATION NUMBER 10-10690	EXPIRATION DATE 10-31-23	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.			



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## BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER			
SERVICE ADDRESS 1220 NW Main St Lee Summit MO 64086			
LOCATION OF BACKFLOW ASSEMBLY ON PROPERTY South East corner of Lot in Vault			
DATE OF TEST 10-9-23	TIME 1:45 P.M.	SUPPLY PRESSURE 98 LBS	AIR GAP (2 X SUPPLY DIAMETER) SUPPLY _____ IN. GAP _____ IN. <input type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY <input checked="" type="checkbox"/> DC <input type="checkbox"/> RP <input checked="" type="checkbox"/> DCDA (DETECTOR) <input type="checkbox"/> RPDA (DETECTOR) <input type="checkbox"/> PVB* (SEE BOTTOM OF FORM)	MANUFACTURER WATTS	MODEL 007M3QT	SIZE 3/4
SERIAL NUMBER 232931			
HEIGHT OFF FLOOR ____ FT ____ IN	PROTECTION FROM: FREEZING <input type="checkbox"/> YES <input type="checkbox"/> NO FLOODING <input type="checkbox"/> YES <input type="checkbox"/> NO	SUPPLY <input type="checkbox"/> PUBLIC POTABLE WATER SOURCE: <input type="checkbox"/> NON-POTABLE WATER (e.g., LAKE) <input type="checkbox"/> BOTH	NEW INSTALLATION <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>INITIAL TEST</b>		<b>FINAL TEST AFTER REPAIR</b>	
<b>REDUCED PRESSURE PRINCIPLE ASSEMBLY:</b>		<b>REDUCED PRESSURE PRINCIPLE ASSEMBLY:</b>	
RELIEF VALVE OPENED AT <u>1.8</u> 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 _____ PSID (5 PSID or more)		1ST CHECK held in direction of flow _____ PSID (5 PSID or more)	
DIFFERENCE (1st check - relief) _____ 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.	
<b>INITIAL TEST</b>		<b>FINAL TEST AFTER REPAIR</b>	
<b>DOUBLE CHECK VAVLE ASSEMBLY:</b>		<b>DOUBLE CHECK VAVLE ASSEMBLY:</b>	
1ST CHECK held in direction of flow <u>1.8</u> 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 <u>2.2</u> 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.	
<b>APPLICATION:</b>		<b>COMMENTS</b>	
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> FIRE LINE <input checked="" type="checkbox"/> FIRE LINE BY-PASS **METER # _____ **METER READ _____ <input type="checkbox"/> POINT OF USE			
<b>THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE</b>			
TESTED BY (PRINT) <u>Matthew White</u> (SIGNATURE) <u>Matthew White</u>		REPAIRED BY (PRINT) _____ (SIGNATURE) _____	
COMPANY <u>Central Plumbing</u>		FINAL TEST BY (PRINT) _____ (SIGNATURE) _____	
MISSOURI CERTIFICATION NUMBER <u>10-10699</u> EXPIRATION DATE <u>10-31-23</u>		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.			