



WATER UTILITIES LEE'S SUMMIT

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BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER <i>Lee's Summit Commerce Building 2</i>			
SERVICE ADDRESS <i>1220 NW Main St. Lee's Summit, MO 64086</i>			
LOCATION OF BACKFLOW ASSEMBLY ON PROPERTY <i>S.E. corner of property in a vault on hillside</i>			
DATE OF TEST <i>11-30-23</i>	TIME <i>11:00</i> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	SUPPLY PRESSURE <i>110</i> 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"/> DCDCDA (DETECTOR) <input type="checkbox"/> RPRPDA (DETECTOR) <input type="checkbox"/> PVB* (SEE BOTTOM OF FORM)	MANUFACTURER <i>Watts</i>	MODEL <i>007M1QT</i>	SIZE <i>2"</i>
HEIGHT OFF FLOOR <i>2</i> FT _____ IN		SERIAL NUMBER <i>241069</i>	
PROTECTION FROM FREEZING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FLOODING <input type="checkbox"/> YES <input checked="" 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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
INITIAL TEST		FINAL TEST AFTER REPAIR	
REDUCED PRESSURE PRINCIPLE ASSEMBLY:		REDUCED PRESSURE PRINCIPLE ASSEMBLY:	
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.	
INITIAL TEST		FINAL TEST AFTER REPAIR	
DOUBLE CHECK VAVLE ASSEMBLY:		DOUBLE CHECK VAVLE ASSEMBLY:	
1ST CHECK held in direction of flow <i>1.6</i> 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 <i>1.6</i> 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.	
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"/>			
THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE			
TESTED BY (PRINT) <i>Brian Rosentfeld</i>	(SIGNATURE) <i>Brian Rosentfeld</i>	REPAIRED BY (PRINT) _____ (SIGNATURE) _____	DATE OF REPAIR ____/____/____
COMPANY <i>Central Plumbing</i>		FINAL TEST BY (PRINT) _____ (SIGNATURE) _____	DATE OF FINAL TEST ____/____/____
MISSOURI CERTIFICATION NUMBER <i>14-11526</i>	EXPIRATION DATE <i>12-31-23</i>	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.			