

WATER UTILITIES **LEE'S SUMMIT**

1200 SE Hamblen, Lee's Summit, MO 64081
 PHONE: (816) 969-1930 FAX: (816) 969-1935
 EMAIL: backflow@cityofls.net WEB: lswater.net

BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER <i>City of Lee's Summit</i>																																											
SERVICE ADDRESS <i>5031 N.E. Lakewood Way Station #4</i>																																											
LOCATION OF BACKFLOW ASSEMBLY ON PROPERTY <i>N.W. Course Bldg. Room 120</i>																																											
DATE OF TEST <i>02/15/2024</i>		TIME <i>11:00</i>		SUPPLY PRESSURE <i>90</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"/> DC (DETECTOR) <input type="checkbox"/> RP (REDUCED PRESSURE) <input type="checkbox"/> PVB* (SEE BOTTOM OF FORM)		MANUFACTURER <i>WATTS</i>		MODEL <i>ODD M1 QT</i>		SIZE <i>2</i>																																					
HEIGHT OFF FLOOR <i>3 FT 6 IN</i>		PROTECTION FROM: FREEZING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FLOODING <input checked="" 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																																					
INITIAL TEST REDUCED PRESSURE PRINCIPLE ASSEMBLY: <table border="0" style="width:100%;"> <tr> <td></td> <td>PASSED</td> <td>FAILED</td> </tr> <tr> <td>RELIEF VALVE OPENED AT _____ PSID (2 PSID or more)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2ND CHECK held backpressure</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NO. 2 SHUTOFF VALVE leak tight</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1ST CHECK held in direction of flow _____ PSID (5 PSID or more)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>					PASSED	FAILED	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"/>	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"/>	DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>	FINAL TEST AFTER REPAIR REDUCED PRESSURE PRINCIPLE ASSEMBLY: <table border="0" style="width:100%;"> <tr> <td></td> <td>PASSED</td> <td>FAILED</td> </tr> <tr> <td>RELIEF VALVE OPENED AT _____ PSID (2 PSID or more)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2ND CHECK held backpressure</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NO. 2 SHUTOFF VALVE leak tight</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1ST CHECK held in direction of flow _____ PSID (5 PSID or more)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>					PASSED	FAILED	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"/>	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"/>	DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>
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APPLICATION: <input 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"/>		COMMENTS 																																									
THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE																																											
TESTED BY (PRINT) <i>Don Hartman</i>		(SIGNATURE) <i>[Signature]</i>		REPAIRED BY (PRINT)		(SIGNATURE)																																					
COMPANY <i>Rand Const</i>				FINAL TEST BY (PRINT)		(SIGNATURE)																																					
MISSOURI CERTIFICATION NUMBER <i>14 6087</i>		EXPIRATION DATE <i>4/30/2026</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.																																											

DISTRIBUTION: WHITE - WATER SUPPLIER CANARY - OWNER

Version: 2014v1



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BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER <i>City of Lee's Summit</i>							
SERVICE ADDRESS <i>801 W. 150 Hwy station #5</i>							
LOCATION OF BACKFLOW ASSEMBLY ON PROPERTY <i>NORTH EAST CORNER Bldg Room 120</i>							
DATE OF TEST <i>02/14/2024</i>		TIME <i>11:30</i>		SUPPLY PRESSURE <i>90</i> 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"/> DC <input type="checkbox"/> DCDA (DETECTOR) <input type="checkbox"/> RP <input type="checkbox"/> RPDA (DETECTOR) <input type="checkbox"/> PVB* (SEE BOTTOM OF FORM)		MANUFACTURER <i>WATTS</i>		MODEL <i>007MIQT</i>		SIZE <i>2"</i>	
SERIAL NUMBER <i>090686</i>							
HEIGHT OFF FLOOR <i>3 FT 6 IN</i>		PROTECTION FROM: FREEZING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FLOODING <input checked="" 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	
INITIAL TEST				FINAL TEST AFTER REPAIR			
REDUCED PRESSURE PRINCIPLE ASSEMBLY:				REDUCED PRESSURE PRINCIPLE ASSEMBLY:			
RELIEF VALVE OPENED AT _____ 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)			
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DOUBLE CHECK VAVLE ASSEMBLY:				DOUBLE CHECK VAVLE ASSEMBLY:			
1ST CHECK held in direction of flow <i>1.4</i> 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 <i>1.6</i> 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			
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<input 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"/>							
THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE							
TESTED BY (PRINT) <i>Jan Hawkins</i>		(SIGNATURE) <i>[Signature]</i>		REPAIRED BY (PRINT)		(SIGNATURE)	
DATE OF REPAIR				FINAL TEST BY (PRINT)		(SIGNATURE)	
DATE OF FINAL TEST				OWNER OR OWNER'S REPRESENTATIVE		DATE	
MISSOURI CERTIFICATION NUMBER <i>14-6887</i>		EXPIRATION DATE <i>4/30/2026</i>					
<p>* 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.</p> <p>** METER # and METER READ for the fire line by-pass meter on detector assemblies are required.</p> <p>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.</p>							