



CITY OF LEE'S SUMMIT, MISSOURI
Support Services Division
P.O. Box 1600, Lee's Summit, Missouri 64063
Phone # 969-1930 Fax # 969-1935

BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER <u>The Learning Experience</u>		ACCOUNT NUMBER	
SERVICE ADDRESS <u>3640 SW Arboridge Lee's Summit MO 64082</u>			
LOCATION OF DEVICE <u>In Vault NE corner of Property</u>			
DATE OF TEST <u>8/23/24</u>	TIME <u>13:25</u>	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	SUPPLY PRESSURE <u>90</u> LBS
TYPE OF ASSEMBLY <u>DCDA</u>		MANUFACTURER <u>Watts</u>	MODEL <u>757</u>
HEIGHT OFF FLOOR <u>N/A</u> (IN/FT.)		PROTECTION FROM: <input checked="" type="checkbox"/> FREEZING <input type="checkbox"/> NO <input type="checkbox"/> FLOODING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ADJ. GAP (2 X SUPPLY DIAM.) <u>6.0</u> IN. OAF <u>6.0</u> IN.
COMMENTS:			SERIAL NUMBER <u>XL-0825</u>
NEW INSTALLATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
INITIAL TEST		PASSED	FAILED
REDUCED PRESSURE PRINCIPAL ASSEMBLY:		<input type="checkbox"/>	<input type="checkbox"/>
RELIEF VALVE OPENED AT <u> </u> *PSID (2 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>
2ND CHECK held backpressure		<input type="checkbox"/>	<input type="checkbox"/>
NO. 2 SHUT OFF VALVE leak tight		<input type="checkbox"/>	<input type="checkbox"/>
1ST CHECK held in direction of flow <u> </u> *PSID (5 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>
DIFFERENCE (1st check - relief) <u> </u> PSID (3 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>
NOTE: Failure of any of the above items, requires repair.			
FINAL TEST AFTER REPAIR		PASSED	FAILED
REDUCED PRESSURE PRINCIPAL ASSEMBLY:		<input type="checkbox"/>	<input type="checkbox"/>
RELIEF VALVE OPENED AT <u> </u> PSID (2 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>
2ND CHECK held backpressure		<input type="checkbox"/>	<input type="checkbox"/>
NO. 2 SHUT OFF VALVE leak tight		<input type="checkbox"/>	<input type="checkbox"/>
1ST CHECK held in direction of flow <u> </u> PSID (5 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>
DIFFERENCE (1st check - relief) <u> </u> PSID (3 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>
*Pounds per Square Inch Differential			
INITIAL TEST		PASSED	FAILED
DOUBLE CHECK VALVE ASSEMBLY:		<input type="checkbox"/>	<input type="checkbox"/>
1ST CHECK held in direction of flow <u>4.2</u> PSID (1 PSID or more)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2ND CHECK held backpressure		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2ND CHECK held in direction of flow <u>3.0</u> PSID (1 PSID or more)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
NO. 2 SHUT OFF VALVE leak tight		<input checked="" type="checkbox"/>	<input type="checkbox"/>
NOTE: Failure of any of the above items, requires repair.			
FINAL TEST AFTER REPAIR		PASSED	FAILED
DOUBLE CHECK VALVE ASSEMBLY:		<input type="checkbox"/>	<input type="checkbox"/>
1ST CHECK held in direction of flow <u> </u> PSID (1 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>
2ND CHECK held backpressure		<input type="checkbox"/>	<input type="checkbox"/>
2ND CHECK held in direction of flow <u> </u> PSID (1 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>
NO. 2 SHUT OFF VALVE leak tight		<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS:			
COMMERCIAL <input type="checkbox"/> FIRE LINE <input checked="" type="checkbox"/> IRRIGATION <input type="checkbox"/>			
REPAIR HISTORY			
THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE.			
TESTED BY (PRINT) <u>James Alley</u> (SIGNATURE) <u>[Signature]</u>		REPAIRED BY (PRINT) (SIGNATURE)	
COMPANY <u>Reddi Services</u>		FINAL TEST BY (PRINT) (SIGNATURE)	
CERTIFICATION NUMBER <u>34-0619</u>		OWNER OR OWNER'S REPRESENTATIVE	
		DATE <u>8/23/24</u>	

DISTRIBUTION: WHITE - WATER UTILITIES; YELLOW - OWNER OR TESTER



CITY OF LEE'S SUMMIT, MISSOURI
Support Services Division
P.O. Box 1600, Lee's Summit, Missouri 64063
Phone # 969-1930 Fax # 969-1935

BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER <i>The Learning Experience</i>		ACCOUNT NUMBER	
SERVICE ADDRESS <i>3640 B W Arboridge Lee Summit MO 64082</i>			
LOCATION OF DEVICE <i>Vault NE corner of property</i>			
DATE OF TEST <i>8/23/24</i>	TIME <i>13:35</i>	SUPPLY PRESSURE <i>90</i> LBS	AIR GAP (2 X SUPPLY DIAM.) <i>75</i>
TYPE OF ASSEMBLY <i>DCPA</i>	MANUFACTURER <i>Ams</i>	MODEL <i>200B M3</i>	SERIAL NUMBER <i>76710</i>
HEIGHT OFF FLOOR <i>N/A</i> (IN/FT.)	PROTECTION FROM: FREEZING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FLOODING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMMENTS:	
INITIAL TEST		FINAL TEST AFTER REPAIR	
REDUCED PRESSURE PRINCIPAL ASSEMBLY:		REDUCED PRESSURE PRINCIPAL ASSEMBLY:	
RELIEF VALVE OPENED AT <i>2.7</i> PSID (2 PSID or more)		RELIEF VALVE OPENED AT <i>2.7</i> PSID (2 PSID or more)	
2ND CHECK held backpressure		2ND CHECK held backpressure	
NO. 2 SHUT OFF VALVE leak tight		NO. 2 SHUT OFF VALVE leak tight	
1ST CHECK held in direction of flow <i>2.7</i> PSID (5 PSID or more)		1ST CHECK held in direction of flow <i>2.7</i> PSID (5 PSID or more)	
DIFFERENCE (1st check - relief) <i>2.7</i> PSID (3 PSID or more)		DIFFERENCE (1st check - relief) <i>2.7</i> 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,	
INITIAL TEST		FINAL TEST AFTER REPAIR	
DOUBLE CHECK VALVE ASSEMBLY:		DOUBLE CHECK VALVE ASSEMBLY:	
1ST CHECK held in direction of flow <i>2.7</i> PSID (1 PSID or more)		1ST CHECK held in direction of flow <i>2.7</i> PSID (1 PSID or more)	
2ND CHECK held backpressure		2ND CHECK held backpressure	
2ND CHECK held in direction of flow <i>2.7</i> PSID (1 PSID or more)		2ND CHECK held in direction of flow <i>2.7</i> PSID (1 PSID or more)	
NO. 2 SHUT OFF VALVE leak tight		NO. 2 SHUT OFF VALVE leak tight	
NOTE: Failure of any of the above items, requires repair,		NOTE: Failure of any of the above items, requires repair,	
COMMENTS:			
COMMERCIAL <input type="checkbox"/>			
FIRE LINE <input checked="" type="checkbox"/>			
IRRIGATION <input type="checkbox"/>			
REPAIR HISTORY			
THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE.			
TESTED BY (PRINT) <i>James</i> (SIGNATURE) <i>[Signature]</i>		REPAIRED BY (PRINT) (SIGNATURE)	
COMPANY <i>Redd Services</i>		FINAL TEST BY (PRINT) (SIGNATURE)	
CERTIFICATION NUMBER <i>34-0619</i>		OWNER OR OWNER'S REPRESENTATIVE	
		DATE <i>8/23/24</i>	

DISTRIBUTION: WHITE - WATER UTILITIES; YELLOW - OWNER OR TESTER