



## Backflow Prevention Assembly Test Data & Maintenance Report

<b>Customer</b> The Learning Experience					
<b>Service Address</b> 3640 Arboridge Dr Lee's Summit, MO 64082					
<b>Location of Backflow Assembly on Property</b> 3640 Arboridge Dr Lee's Summit, MO 64082					
<b>Date of Test</b> 08-13-24		<b>Time</b> 11:04 AM		<b>Supply Pressure</b> 85 LBS	
				<b>Front lawn pit box</b>	
				<b>Air Gap (2 x Supply Diameter)</b>	
				Supply: _____ IN. Gap: _____ IN. <span style="float:right"><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</span>	
<b>Type of Assembly</b> <input checked="" type="checkbox"/> DC <input type="checkbox"/> DCDA (Detector) <input type="checkbox"/> PVB* (See Bottom of Form)		<b>Manufacturer</b> Febco		<b>Model</b> 850	
				<b>Size</b> 1"	
				<b>Serial Number</b> HG94706	
<b>Height off Floor</b> Pit box FT _____ IN		<b>Protection From</b> Freezing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Flooding: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Supply Source</b> <input type="checkbox"/> Public Potable Water <input type="checkbox"/> Both <input type="checkbox"/> Non-Potable Water (e.g., LAKE)	
				<b>New Installation</b> <input type="checkbox"/> YES <input checked="" 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)			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 Valve Assembly:</b>			<b>Double Check Valve Assembly:</b>		
1st CHECK held in direction of flow <u>2.6</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>2.6</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 checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fire Line <input 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>					
<b>Tested By (Print)</b> Kory Kloewer		<b>(Signature)</b> 		<b>Repaired by (Print) (Signature)</b>	
<b>Company</b> Certified Backflow Testing, Inc				<b>Date of Repair</b>	
<b>Missouri Certification Number</b> 34-12365		<b>Expiration Date</b> 03-31-26		<b>Date of Final Test</b> 08-13-24	
		<b>Owner or Owner's Representative</b>		<b>Date</b>	

\*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.



## Backflow Prevention Assembly Test Data & Maintenance Report

Customer

The Learning Experience

Service Address

3640 Arboridge Dr Lee's Summit, MO 64082

Location of Backflow Assembly on Property

3640 Arboridge Dr Lee's Summit, MO 64082

Fire sprinkler room

Date of Test: 08-13-24 Time: 11:02 AM ☐ AM ☐ PM Supply Pressure: 80 LBS Air Gap (2 x Supply Diameter): ☐ PASS ☐ FAIL  
Supply: \_\_\_\_\_ IN. Gap: \_\_\_\_\_ IN.

Type of Assembly: ☐ DC ☒ RP ☐ DCDA (Detector) ☐ RPDA (Detector) ☐ PVB\* (See Bottom of Form) Manufacturer: Watts Model: LF009M2QT Size: 2" Serial Number: 251451

Height off Floor: 3ft FT \_\_\_\_\_ IN Protection From: Freezing: ☒ Yes ☐ No Flooding: ☒ Yes ☐ No Supply Source: ☐ Public Potable Water ☐ Non-Potable Water (e.g., LAKE) ☐ Both New Installation: ☐ YES ☒ NO

Initial Test	Passed	Failed	Final Test After Repair	Passed	Failed
<b>Reduced Pressure Principle Assembly:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Reduced Pressure Principle Assembly:</b>	<input type="checkbox"/>	<input type="checkbox"/>
RELIEF VALVE opened at <u>2.8</u> PSID (2 PSID or more)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RELIEF VALVE opened at _____ PSID (2 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>
2nd CHECK held backpressure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2nd CHECK held backpressure	<input type="checkbox"/>	<input type="checkbox"/>
NO. 2 SHUTOFF VALVE leak tight	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/>	<input type="checkbox"/>
1st CHECK held in direction of flow <u>7.8</u> PSID (5 PSID or more)	<input checked="" 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) <u>5.0</u> PSID (3 PSID or more)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>
Note: Failure of any of the above items, requires repair.			Note: Failure of any of the above items, requires repair.		

Initial Test	Passed	Failed	Final Test After Repair	Passed	Failed
<b>Double Check Valve Assembly:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Double Check Valve Assembly:</b>	<input type="checkbox"/>	<input type="checkbox"/>
1st CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>	1st CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>
2nd CHECK held backpressure	<input type="checkbox"/>	<input type="checkbox"/>	2nd CHECK held backpressure	<input type="checkbox"/>	<input type="checkbox"/>
2nd CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>	2nd CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>
NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/>	<input type="checkbox"/>	NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/>	<input type="checkbox"/>
Note: Failure of any of the above items, requires repair.			Note: Failure of any of the above items, requires repair.		

**Application:**

☒ 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): Kory Kloewer (Signature):	Repaired by (Print): _____ (Signature): _____	Date of Repair: _____
Company: Certified Backflow Testing, Inc	Final Test By (Print): _____ (Signature): _____	Date of Final Test: _____
Missouri Certification Number: 34-12365	Owner or Owner's Representative: _____	Date: 08-13-24
Expiration Date: 03-31-26		

\*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



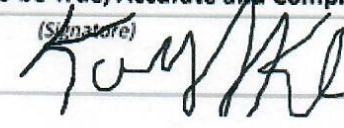


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<b>Service Address</b> 3640 Arboridge Dr Lee's Summit, MO 64082					
<b>Location of Backflow Assembly on Property</b> 3640 Arboridge Dr Lee's Summit, MO 64082      Vault front lawn					
<b>Date of Test</b> 08-13-24		<b>Time</b> 11:10 AM		<b>Supply Pressure</b> _____ LBS	
				<b>Air Gap (2 x Supply Diameter)</b> Supply: _____ IN. Gap: _____ IN. <span style="float:right"><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</span>	
<b>Type of Assembly</b> <input type="checkbox"/> DC <input checked="" type="checkbox"/> DCDA (Detector) <input type="checkbox"/> PVB* (See Bottom of Form)		<b>Manufacturer</b> Watts		<b>Model</b> 757	
				<b>Size</b> 6"	
				<b>Serial Number</b> XL-0825	
<b>Height off Floor</b> 3ft FT _____ IN		<b>Protection From</b> Freezing: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      Flooding: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Supply Source</b> <input type="checkbox"/> Public Potable Water <input type="checkbox"/> Both <input type="checkbox"/> Non-Potable Water (e.g., LAKE)	
				<b>New Installation</b> <input type="checkbox"/> YES <input checked="" 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)			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 Valve Assembly:</b>			<b>Double Check Valve Assembly:</b>		
1st CHECK held in direction of flow 0.0 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 4.0 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 checked="" type="checkbox"/> Fire Line <input 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>					
<b>Tested By (Print)</b> Kory Kloewer		<b>Repaired by (Print)</b>		<b>Date of Repair</b>	
<b>Company</b> Certified Backflow Testing, Inc		<b>Final Test By (Print)</b>		<b>Date of Final Test</b>	
<b>Missouri Certification Number</b> 34-12365		<b>Expiration Date</b> 03-31-26		<b>Owner or Owner's Representative</b> Date 08-13-24	
<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.          **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.</p>					



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<b>Location of Backflow Assembly on Property</b> 3640 Arboridge Dr Lee's Summit, MO 64082					
<b>Date of Test</b> 08-13-24		<b>Time</b> 11:07 AM <input type="checkbox"/> AM <input type="checkbox"/> PM		<b>Supply Pressure</b> _____ LBS	
<b>Type of Assembly</b> <input checked="" type="checkbox"/> DC <input type="checkbox"/> RP <input type="checkbox"/> DCDA (Detector) <input type="checkbox"/> RPDA (Detector) <input type="checkbox"/> PVB* (See Bottom of Form)		<b>Manufacturer</b> Watts		<b>Air Gap (2 x Supply Diameter)</b> Supply: _____ IN. Gap: _____ IN. <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
<b>Height off Floor</b> 3ft _____ FT _____ IN		<b>Protection From</b> Freezing: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Flooding: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Supply Source</b> <input type="checkbox"/> Public Potable Water <input type="checkbox"/> Both <input type="checkbox"/> Non-Potable Water (e.g., LAKE)	
				<b>New Installation</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>Initial Test</b>			<b>Final Test After Repair</b>		
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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 Valve Assembly:</b>			<b>Double Check Valve Assembly:</b>		
1st CHECK held in direction of flow <u>0.6</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>1.8</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					
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<b>Tested By (Print)</b> Kory Kloewer		<b>(Signature)</b> 		<b>Repaired by (Print) (Signature)</b>	
<b>Company</b> Certified Backflow Testing, Inc		<b>Expiration Date</b> 34-12365 03-31-26		<b>Date of Repair</b> 08-13-24	
<b>Missouri Certification Number</b>		<b>Owner or Owner's Representative</b>		<b>Date of Final Test</b>	
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