



# 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 <b>SWP XIII, LLC</b>	
SERVICE ADDRESS <b>1020 NW Pryor Road</b>	
LOCATION OF BACKFLOW ASSEMBLY ON PROPERTY <b>Along Back Wall SPACE #1</b>	
DATE OF TEST <b>7/16/24</b>	TIME <b>12:30</b> <input checked="" type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
SUPPLY PRESSURE ____ LBS	AIR GAP (2 X SUPPLY DIAMETER) SUPPLY <b>2</b> IN. GAP <b>4</b> IN. <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY <input type="checkbox"/> DC <input checked="" type="checkbox"/> RP <input type="checkbox"/> DCDA (DETECTOR) <input type="checkbox"/> RPDA (DETECTOR) <input type="checkbox"/> PVB* (SEE BOTTOM OF FORM)	MANUFACTURER <b>WATTS</b>
MODEL <b>LF009M2QT</b>	SERIAL NUMBER <b>2 257493</b>
HEIGHT OFF FLOOR <b>3</b> FT <b>IN</b>	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
<b>INITIAL TEST</b>	
<b>REDUCED PRESSURE PRINCIPLE ASSEMBLY:</b>	
RELIEF VALVE OPENED AT <b>3</b> PSID (2 PSID or more)	<input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED
2ND CHECK held backpressure	<input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED
NO. 2 SHUTOFF VALVE leak tight	<input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED
1ST CHECK held in direction of flow <b>10</b> PSID (5 PSID or more)	<input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED
DIFFERENCE (1st check - relief) <b>7</b> PSID (3 PSID or more)	<input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED
NOTE: Failure of any of the above items, requires repair.	
<b>FINAL TEST AFTER REPAIR</b>	
<b>REDUCED PRESSURE PRINCIPLE ASSEMBLY:</b>	
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
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
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.	
<b>INITIAL TEST</b>	
<b>DOUBLE CHECK VAVLE ASSEMBLY:</b>	
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 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 type="checkbox"/> PASSED <input type="checkbox"/> FAILED
NOTE: Failure of any of the above items, requires repair.	
<b>FINAL TEST AFTER REPAIR</b>	
<b>DOUBLE CHECK VAVLE ASSEMBLY:</b>	
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 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 type="checkbox"/> PASSED <input type="checkbox"/> FAILED
NOTE: Failure of any of the above items, requires repair.	
<b>APPLICATION:</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"/> POINT OF USE	
COMMENTS	
<b>THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE</b>	
TESTED BY (PRINT) <b>Larry Janssen</b>	(SIGNATURE) <b>Larry Janssen</b>
REPAIRED BY (PRINT) <b>Five Star Mech</b>	(SIGNATURE) <b>Five Star Mech</b>
DATE OF REPAIR <b>7/16/24</b>	DATE OF FINAL TEST <b>7/16/24</b>
MISSOURI CERTIFICATION NUMBER <b>34-11351</b>	EXPIRATION DATE <b>4/30/26</b>
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 <u>SWP XM, LLC</u>			
SERVICE ADDRESS <u>1020 NW Pryor Road</u>			
LOCATION OF BACKFLOW ASSEMBLY ON PROPERTY <u>Back Wall of SPACE #2</u>			
DATE OF TEST <u>7/16/24</u>	TIME <u>1:00</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	SUPPLY PRESSURE LBS	AIR GAP (2 X SUPPLY DIAMETER) SUPPLY <u>1</u> IN. GAP <u>2</u> IN. <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY <input type="checkbox"/> DC <input checked="" type="checkbox"/> RP <input type="checkbox"/> DCDA (DETECTOR) <input type="checkbox"/> RPDA (DETECTOR) <input type="checkbox"/> PVB* (SEE BOTTOM OF FORM)	MANUFACTURER <u>WATTS</u>	MODEL <u>LF009M2QT</u>	SIZE <u>1"</u> SERIAL NUMBER <u>300462</u>
HEIGHT OFF FLOOR <u>2</u> FT <u>6</u> IN	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"/> 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 <u>2.3</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 <u>7.8</u> PSID (5 PSID or more)		1ST CHECK held in direction of flow ____ PSID (5 PSID or more)	
DIFFERENCE (1st check - relief) <u>5.5</u> 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>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"/> POINT OF USE			
<b>THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE</b>			
TESTED BY (PRINT) <u>Larry Jansen</u>	(SIGNATURE) <u>L. Jansen</u>	REPAIRED BY (PRINT) (SIGNATURE)	DATE OF REPAIR
COMPANY <u>Fivestar Mech</u>		FINAL TEST BY (PRINT) (SIGNATURE)	DATE OF FINAL TEST
MISSOURI CERTIFICATION NUMBER <u>34-11351</u>	EXPIRATION DATE <u>4/30/26</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.			



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## BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER <b>SWP XIII, LLC</b>			
SERVICE ADDRESS <b>1020 NW Pryor Road</b>			
LOCATION OF BACKFLOW ASSEMBLY ON PROPERTY <b>Back Wall of Mechanical Room SPACE #3</b>			
DATE OF TEST <b>7/16/24</b>	TIME <b>1:15 P.M.</b>	SUPPLY PRESSURE LBS	AIR GAP (2 X SUPPLY DIAMETER) SUPPLY <b>1</b> IN. GAP <b>2</b> 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"/> RPDA (DETECTOR) <input type="checkbox"/> PVB* (SEE BOTTOM OF FORM)	MANUFACTURER <b>WATTS</b>	MODEL <b>LFC09M20T</b>	SIZE <b>1</b>
HEIGHT OFF FLOOR <b>3 FT 6 IN</b>		SERIAL NUMBER <b>326931</b>	
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			
<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 <b>2</b> 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 <b>7</b> PSID (5 PSID or more)		1ST CHECK held in direction of flow _____ PSID (5 PSID or more)	
DIFFERENCE (1st check - relief) <b>5</b> 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 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>			
TESTED BY (PRINT) <b>Larry Janssen</b> (SIGNATURE) <i>[Signature]</i>		REPAIRED BY (PRINT) _____ (SIGNATURE) _____	
COMPANY <b>Fivestar Mech</b>		DATE OF REPAIR _____	
MISSOURI CERTIFICATION NUMBER <b>34711351</b>		DATE OF FINAL TEST _____	
EXPIRATION DATE <b>4/30/26</b>		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 <b>SWP XIII, LLC</b>			
SERVICE ADDRESS <b>1020 NW Pryor Road</b>			
LOCATION OF BACKFLOW ASSEMBLY ON PROPERTY <b>Along Backwall SPACE #4</b>			
DATE OF TEST <b>7/16/24</b>	TIME <b>1:30</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	SUPPLY PRESSURE LBS	AIR GAP (2 X SUPPLY DIAMETER) SUPPLY <b>1</b> IN. GAP <b>2</b> 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"/> RPDA (DETECTOR) <input type="checkbox"/> PVB* (SEE BOTTOM OF FORM)	MANUFACTURER <b>WATTS</b>	MODEL <b>LECO5M20T</b>	SIZE <b>1</b> SERIAL NUMBER <b>331816</b>
HEIGHT OFF FLOOR <b>3 FT 6 IN</b>	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
<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 <b>2.4</b> 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 <b>9</b> PSID (5 PSID or more)		1ST CHECK held in direction of flow _____ PSID (5 PSID or more)	
DIFFERENCE (1st check - relief) <b>2.4</b> 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"/> POINT OF USE			
<b>THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE</b>			
TESTED BY (PRINT) <b>Larry Jansen</b>		REPAIRED BY (PRINT) (SIGNATURE) <b>Larry Jansen</b>	
COMPANY <b>Rivestav Mech</b>		FINAL TEST BY (PRINT) (SIGNATURE) <b>Rivestav Mech</b>	
MISSOURI CERTIFICATION NUMBER <b>34-11351</b>		OWNER OR OWNER'S REPRESENTATIVE DATE	
EXPIRATION DATE <b>4/30/26</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.			



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BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER <i>SWP XIII, LLC</i>			
SERVICE ADDRESS <i>1020 New Prior Road</i>			
LOCATION OF BACKFLOW ASSEMBLY ON PROPERTY <i>Backwall of Space #5</i>			
DATE OF TEST <i>7/16/24</i>	TIME <i>2:00</i> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	SUPPLY PRESSURE LBS	AIR GAP (2 X SUPPLY DIAMETER) SUPPLY <i>2</i> IN. GAP <i>4</i> IN. <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY <input type="checkbox"/> DC <input checked="" type="checkbox"/> RP <input type="checkbox"/> DCDA (DETECTOR) <input type="checkbox"/> RPDA (DETECTOR) <input type="checkbox"/> PVB* (SEE BOTTOM OF FORM)	MANUFACTURER <i>WATTS</i>	MODEL <i>LF004M2QT</i>	SIZE <i>2</i>
HEIGHT OFF FLOOR <i>3</i> FT. <i>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 <i>2.4</i> 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 <i>102</i> PSID (5 PSID or more)		1ST CHECK held in direction of flow _____ PSID (5 PSID or more)	
DIFFERENCE (1st check - relief) <i>7.8</i> 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.	
INITIAL TEST		FINAL TEST AFTER REPAIR	
DOUBLE CHECK VAVLE ASSEMBLY:		DOUBLE CHECK VAVLE ASSEMBLY:	
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.	
APPLICATION:		COMMENTS	
<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"/> POINT OF USE			
THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE			
TESTED BY (PRINT) <i>Larry Jaasser</i>		REPAIRED BY (PRINT) <i>Larry Jaasser</i>	
COMPANY <i>Fivestar Mech</i>		DATE OF REPAIR	
MISSOURI CERTIFICATION NUMBER <i>34-11357</i>		DATE OF FINAL TEST	
EXPIRATION DATE <i>4/30/26</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.			