

# **WATER UTILITIES** **LEE'S SUMMIT**

1200 SE Hamblen Road | Lee's Summit, MO 64081  
P: 816.969.1900 | F: 816.969.1935  
backflow@cityofls.net | LSwater.net

## Backflow Prevention Assembly Test Data & Maintenance Report

Customer															
Service Address: <u>Backflow Storage</u>															
Location of Backflow Assembly on Property: <u>7101 NE Port</u>															
Date of Test: <u>8-26-24</u>		Time: <u>7:30</u> AM <input type="checkbox"/> PM <input type="checkbox"/>													
Supply Pressure: <u>70</u> LBS		Air Gap (2 x Supply Diameter): <u>1</u> IN. Gap: <u>2</u> IN.													
Type of Assembly: <input type="checkbox"/> DC <input type="checkbox"/> DCDA (Detector) <input type="checkbox"/> PVB* (See Bottom of Form)		<input type="checkbox"/> RP <input type="checkbox"/> RPDA (Detector)													
Manufacturer: <u>Watts</u>		Model: <u>FC09M20Y</u>													
Height off Floor: <u>2</u> FT <u>0</u> IN		Protection From: Freezing: <input type="checkbox"/> Yes <input type="checkbox"/> No Flooding: <input type="checkbox"/> Yes <input type="checkbox"/> No													
Supply Source: <input type="checkbox"/> Public Potable Water <input type="checkbox"/> Non-Potable Water (e.g., LAKE)		<input type="checkbox"/> Both New Installation: <input type="checkbox"/> YES <input type="checkbox"/> NO													
Serial Number: <u>333854</u>															
<b>Initial Test</b> <b>Reduced Pressure Principle Assembly:</b> RELIEF VALVE opened at <u>2.8</u> PSID (2 PSID or more) 2nd CHECK held backpressure NO. 2 SHUTOFF VALVE leak tight 1st CHECK held in direction of flow <u>0.7</u> PSID (5 PSID or more) DIFFERENCE (1st check - relief) <u>0.7</u> PSID (3 PSID or more) Note: Failure of any of the above items, requires repair.		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Passed</th> <th>Failed</th> </tr> </thead> <tbody> <tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>		Passed	Failed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>														
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"/> Point of Use		Comments													
The Above Report is Certified to be True, Accurate and Complete															
Tested By (Print): <u>Chris Hubert</u> (Signature): <u>[Signature]</u> Company: <u>HTD Environmental</u>		Repaired by (Print): _____ (Signature): _____ Date of Repair: _____													
Missouri Certification Number: <u>343964</u> Expiration Date: <u>5/31/27</u>		Final Test By (Print): _____ (Signature): _____ Date of Final Test: _____													
Owner or Owner's Representative: _____ Date: <u>8-26-24</u>															

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## Backflow Prevention Assembly Test Data & Maintenance Report

Customer <u>Kate Wessel Sturup</u>			
Service Address <u>4101 NE Port</u>			
Location of Backflow Assembly on Property <u>Riser Room</u>			
Date of Test <u>8-7-24</u>	Time <u>9:30</u> AM <input type="checkbox"/> PM <input type="checkbox"/>	Supply Pressure <u>70</u> LBS	Air Gap (2 x Supply Diameter) Supply: <u>1 1/2</u> IN. Gap: <u>3</u> IN.
Type of Assembly <input type="checkbox"/> DC <input type="checkbox"/> DCDA (Detector) <input type="checkbox"/> PVB* (See Bottom of Form)	<input type="checkbox"/> RP <input type="checkbox"/> RPDA (Detector)	Manufacturer <u>Watts</u>	Model <u>CF009W2A</u> Size <u>1 1/2</u>
Height off Floor <u>2</u> FT <u>0</u> IN	Protection From Freezing: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Flooding: <input 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)	Serial Number <u>136298</u> 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 <u>3.4</u> PSID (2 PSID or more) 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 <u>8.4</u> PSID (5 PSID or more) <input checked="" type="checkbox"/> Passed <input type="checkbox"/> Failed DIFFERENCE (1st check - relief) <u>5.2</u> 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.	
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<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	
The Above Report is Certified to be True, Accurate and Complete			
Tested By (Print) <u>Ken Hubbard</u> (Signature) <u>[Signature]</u>		Repaired by (Print) _____ (Signature) _____	
Company <u>Lee's Summit Water</u>		Date of Repair _____	
Missouri Certification Number <u>343964</u>		Final Test By (Print) _____ (Signature) _____	
Expiration Date <u>5/31/27</u>		Date of Final Test _____	
Owner or Owner's Representative _____		Date <u>8-7-24</u>	
<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.</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>			