



## Notice of Backflow Prevention Tests Due

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5200 LEAVENWORTH RD  
KANSAS CITY, KS 66104-2133004

Site Id: 100573

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07/22/2020

The backflow protection devices described on the following test report(s) are due for their periodic test as required under our regulation 01-200-012, 12.09.B. Please have test(s) performed by a certified backflow protection device plumber possessing a valid certification issued by the State of Kansas or Missouri.

If the test(s) discloses that the devices are not operating satisfactorily, please have the necessary repairs made and assembly retested by a certified plumber. On completion of a test showing that the devices are operating satisfactorily, the certified plumber shall complete the test report form(s) enclosed and forward to our office no later than the test due date(s) shown on the report. Please submit passing test results only to fax number (913) 573-9636 or email to [backflow@bpu.com](mailto:backflow@bpu.com).

Additional information relative to this matter may be obtained by writing to the Kansas City Board of Public Utilities at 380 South Baltimore, Kansas City, KS 66102, or by calling (913) 573-9606.

Sincerely,  
Board of Public Utilities



# Notice of Backflow Prevention Tests Due

Mailing Address

Service Address

5200 LEAVENWORTH RD  
 KANSAS CITY, KS 66104-2133004

Serial #: 697432	<input type="checkbox"/>	_____
Manufacturer: WILKINS	<input type="checkbox"/>	_____
Model: 950XL	<input type="checkbox"/>	_____
Type: DC	<input type="checkbox"/>	_____
Size: 2.00	<input type="checkbox"/>	_____

Location #: 3000818

**Test Due No Later Than:**  
09/01/2020

Location:  5200 Leavenworth Rd (South) - inside - in hallway - inside

Please submit passing test results only email to backflow@bpu.com or fax to 913-573-9636

<b>Reduced Pressure Principle Assembly</b>			
<b>Double Check Valve Assembly</b>			
	<b>Check Valve #1</b>	<b>Check Valve #2</b>	<b>Relief Valve</b>
<b>Initial Test</b>	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Did not Open <input type="checkbox"/> Opened at _____ PSID
<b>Repairs</b>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>
<b>Final Test</b>	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID

<b>PVB/SVB</b>
<b>AIR INLET</b> Did not Open <input type="checkbox"/> Opened at _____ PSID
<b>CHECK VALVE</b> Leaked <input type="checkbox"/> Held at _____ PSID
Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>
<b>AIR INLET</b> Opened at _____ PSID
<b>CHECK VALVE</b> Opened at _____ PSID

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 The above report is certified to be true

Held Backpressure	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
#2 Shutoff	Closed Tight <input type="checkbox"/>
	Leaked <input type="checkbox"/>

	Date	Tester	Signature	Tester #	Test Kit	Passed	Failed
Initial Test							
Repairs							
Final Test							