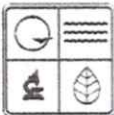




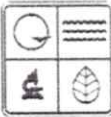
STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM – PUBLIC DRINKING WATER BRANCH
BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER <i>Adi Inc</i>		CUSTOMER NUMBER		FILE NUMBER
MAILING ADDRESS <i>560 NW Chipman Rd, Lees Summit, MO 64086</i>				
SERVICE LOCATION <i>Evans System</i>				METER NUMBER
DATE OF TEST <i>5/13/20</i>	TIME <i>10:00</i> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	SUPPLY PRESSURE <i>80</i> LBS.	AIR GAP (2 x SUPPLY DIAM.) SUPPLY <i>3/4</i> IN. GAP <i>3/4</i> IN.	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY <i>RPZ</i>	MANUFACTURER <i>Zurn Wilkins</i>	MODEL <i>375 XL</i>	SERIAL NUMBER <i>13350-257</i>	
HEIGHT OFF FLOOR <i>24"</i>	PROTECTION FROM: FREEZING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FLOODING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			COMMENTS: 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>3</i> *PSID (2 PSID or more)		RELIEF VALVE OPENED AT _____ *PSID (2 PSID or more)		
2 nd CHECK held backpressure		2 nd CHECK held backpressure		
NO. 2 SHUTOFF VALVE leak tight		NO. 2 SHUTOFF VALVE leak tight		
1 st CHECK held in direction of flow <i>9</i> *PSID (5 PSID or more)		1 st CHECK held in direction of flow _____ *PSID (5 PSID or more)		
DIFFERENCE (1 st check – relief <i>6</i> *PSID (3 PSID or more)		DIFFERENCE (1 st check – relief _____ *PSID (3 PSID or more)		
NOTE: Failure of any of the above items, requires repair.		*Pounds per Square Inch Differential		
INITIAL TEST		FINAL TEST AFTER REPAIR		
DOUBLE CHECK VALVE ASSEMBLY:		DOUBLE CHECK VALVE ASSEMBLY:		
1 st CHECK held in direction of flow _____ PSID (1 PSID or more)		1 st CHECK held in direction of flow _____ PSID (1 PSID or more)		
2 nd CHECK held in direction of flow _____ PSID (1 PSID or more)		2 nd CHECK held in direction of flow _____ PSID (1 PSID or more)		
NOTE: Failure of any of the above items, requires repair.				
APPLICATION: <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> FIRE LINE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER (EXPLAIN)		COMMENTS: Please email to: pdwb.engineeringwaterpermits@dnr.mo.gov		
THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE				
TESTED BY (PRINT) <i>Glen Wyman</i>		PREPARED BY (PRINT) <i>Glen Wyman</i>		
(SIGNATURE) <i>Glen Wyman</i>		(SIGNATURE) <i>Glen Wyman</i>		
COMPANY <i>R-2 Plumbing</i>		FINAL TEST BY (PRINT) <i>Glen Wyman</i>		
(SIGNATURE) <i>Glen Wyman</i>		(SIGNATURE) <i>Glen Wyman</i>		
CERTIFICATION NUMBER AND EXPIRATION DATE <i>33-12149 10/31/2022</i>		OWNER OR OWNER'S REPRESENTATIVE <i>Chay Smith</i>		DATE <i>5-20-20</i>
Missouri State regulation 10 CSR 60-11.010(6) (E) requires testers to report results of tests and inspections to the customer and the water supplier.				



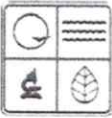
STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM – PUBLIC DRINKING WATER BRANCH
BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER <i>Adi Inc</i>		CUSTOMER NUMBER		FILE NUMBER
MAILING ADDRESS <i>560 NW Chipman Rd, Lee's Summit, MO 64086</i>				
SERVICE LOCATION <i>Rear wall of Store Left of Fire Main</i>				METER NUMBER
DATE OF TEST <i>5/13/20</i>	TIME <i>9:10</i> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	SUPPLY PRESSURE <i>80</i> LBS.	AIR GAP (2 x SUPPLY DIAM.) SUPPLY _____ IN. GAP _____ IN.	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY <i>RPZ</i>	MANUFACTURER <i>Zwen Wilkins</i>	MODEL <i>35 XL</i>	SIZE <i>1 1/2</i>	SERIAL NUMBER <i>13202117</i>
HEIGHT OFF FLOOR <i>24"</i>	PROTECTION FROM: FREEZING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FLOODING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			COMMENTS: 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>3</i> *PSID (2 PSID or more)		RELIEF VALVE OPENED AT _____ *PSID (2 PSID or more)		
2 nd CHECK held backpressure		2 nd CHECK held backpressure		
NO. 2 SHUTOFF VALVE leak tight		NO. 2 SHUTOFF VALVE leak tight		
1 st CHECK held in direction of flow <i>8</i> *PSID (5 PSID or more)		1 st CHECK held in direction of flow _____ *PSID (5 PSID or more)		
DIFFERENCE (1 st check – relief <i>5</i> *PSID (3 PSID or more)		DIFFERENCE (1 st check – relief _____ *PSID (3 PSID or more)		
NOTE: Failure of any of the above items, requires repair.		*Pounds per Square Inch Differential		
INITIAL TEST		FINAL TEST AFTER REPAIR		
DOUBLE CHECK VALVE ASSEMBLY:		DOUBLE CHECK VALVE ASSEMBLY:		
1 st CHECK held in direction of flow _____ PSID (1 PSID or more)		1 st CHECK held in direction of flow _____ PSID (1 PSID or more)		
2 nd CHECK held in direction of flow _____ PSID (1 PSID or more)		2 nd CHECK held in direction of flow _____ PSID (1 PSID or more)		
NOTE: Failure of any of the above items, requires repair.				
APPLICATION: <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> FIRE LINE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER (EXPLAIN)		COMMENTS: Please email to: pdwb.engineeringwaterpermits@dnr.mo.gov		
THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE				
TESTED BY (PRINT) <i>Glenn Wyman</i>		PREPARED BY (PRINT) <i>Glenn Wyman</i>		
COMPANY <i>R-2 Plumbing</i>		FINAL TEST BY (PRINT) <i>Glenn Wyman</i>		
CERTIFICATION NUMBER AND EXPIRATION DATE <i>33-12149 10/31/2022</i>		OWNER OR OWNER'S REPRESENTATIVE <i>Chay Summit</i>		DATE <i>5-20-20</i>
Missouri State regulation 10 CSR 60-11.010(6) (E) requires testers to report results of tests and inspections to the customer and the water supplier.				



STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM – PUBLIC DRINKING WATER BRANCH
BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER <i>Aldi Inc</i>		CUSTOMER NUMBER		FILE NUMBER
MAILING ADDRESS <i>560 NW Chipman Rd, Lees Summit, MO 64086</i>				
SERVICE LOCATION <i>Right Side of Roof Access Ladder</i>				METER NUMBER
DATE OF TEST <i>5/18/20</i>	TIME <i>3:33</i> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	SUPPLY PRESSURE <i>95</i> LBS.	AIR GAP (2 x SUPPLY DIAM.) SUPPLY _____ IN. GAP _____ IN. <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
TYPE OF ASSEMBLY <i>Double Check</i>	MANUFACTURER <i>Zurn Wilkins</i>	MODEL <i>350XL</i>	SIZE <i>3/4</i>	SERIAL NUMBER <i>A912172</i>
HEIGHT OFF FLOOR <i>14'</i>	PROTECTION FROM: FREEZING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FLOODING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			COMMENTS: 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 _____ *PSID (2 PSID or more)		RELIEF VALVE OPENED AT _____ *PSID (2 PSID or more)		
2 nd CHECK held backpressure		2 nd CHECK held backpressure		
NO. 2 SHUTOFF VALVE leak tight		NO. 2 SHUTOFF VALVE leak tight		
1 st CHECK held in direction of flow _____ *PSID (5 PSID or more)		1 st CHECK held in direction of flow _____ *PSID (5 PSID or more)		
DIFFERENCE (1 st check – relief _____ *PSID (3 PSID or more)		DIFFERENCE (1 st check – relief _____ *PSID (3 PSID or more)		
NOTE: Failure of any of the above items, requires repair.		*Pounds per Square Inch Differential		
INITIAL TEST		FINAL TEST AFTER REPAIR		
DOUBLE CHECK VALVE ASSEMBLY:		DOUBLE CHECK VALVE ASSEMBLY:		
1 st CHECK held in direction of flow <i>2</i> PSID (1 PSID or more)		1 st CHECK held in direction of flow _____ PSID (1 PSID or more)		
2 nd CHECK held in direction of flow <i>2</i> PSID (1 PSID or more)		2 nd CHECK held in direction of flow _____ PSID (1 PSID or more)		
NOTE: Failure of any of the above items, requires repair.				
APPLICATION: <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> FIRE LINE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER (EXPLAIN)		COMMENTS: Please email to: pdwb.engineeringwaterpermits@dnr.mo.gov		
THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE				
TESTED BY (PRINT) <i>Glenn Wyman</i>		PREPARED BY (PRINT) <i>Glenn Wyman</i>		(SIGNATURE) <i>Glenn Wyman</i>
COMPANY <i>R-2 Plumbing</i>		FINAL TEST BY (PRINT)		(SIGNATURE) <i>Glenn Wyman</i>
CERTIFICATION NUMBER AND EXPIRATION DATE <i>33-12149 10/31/2022</i>		OWNER OR OWNER'S REPRESENTATIVE <i>Mary Jones</i>		DATE <i>5-20-20</i>
Missouri State regulation 10 CSR 60-11.010(6) (E) requires testers to report results of tests and inspections to the customer and the water supplier.				



STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM - PUBLIC DRINKING WATER BRANCH
BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER <i>Adi Inc</i>		CUSTOMER NUMBER		FILE NUMBER
MAILING ADDRESS <i>560 NW Chipman Rd, Lee's Summit, MO 64086</i>				
SERVICE LOCATION <i>Rear Wall of Store Left of Fire Main</i>				METER NUMBER
DATE OF TEST <i>5/13/20</i>	TIME <i>9:20</i> A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/>	SUPPLY PRESSURE <i>80</i> LBS.	AIR GAP (2 x SUPPLY DIAM.) SUPPLY <i>1</i> IN. GAP <i>1</i> IN.	<input type="checkbox"/> PASS <input type="checkbox"/>
TYPE OF ASSEMBLY <i>RPZ</i>	MANUFACTURER <i>Zurn Wilkins</i>	MODEL <i>375 XL</i>	FAIL SIZE <i>1"</i>	SERIAL NUMBER <i>B240255</i>
HEIGHT OFF FLOOR <i>22"</i>	PROTECTION FROM: FREEZING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FLOODING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			COMMENTS: NEW INSTALLATION <input type="checkbox"/> YES <input type="checkbox"/> NO

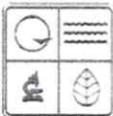
INITIAL TEST		FINAL TEST AFTER REPAIR	
REDUCED PRESSURE PRINCIPLE ASSEMBLY	Passed Failed	REDUCED PRESSURE PRINCIPLE ASSEMBLY:	Passed Failed
RELIEF VALVE OPENED AT _____ *PSID (2 PSID or more)	<input type="checkbox"/> <input checked="" type="checkbox"/>	RELIEF VALVE OPENED AT <i>3.5</i> *PSID (2 PSID or more)	<input checked="" type="checkbox"/> <input type="checkbox"/>
2 nd CHECK held backpressure	<input type="checkbox"/> <input checked="" type="checkbox"/>	2 nd CHECK held backpressure	<input checked="" type="checkbox"/> <input type="checkbox"/>
NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/> <input checked="" type="checkbox"/>	NO. 2 SHUTOFF VALVE leak tight	<input checked="" type="checkbox"/> <input type="checkbox"/>
1 st CHECK held in direction of flow <i>5</i> *PSID (5 PSID or more)	<input type="checkbox"/> <input checked="" type="checkbox"/>	1 st CHECK held in direction of flow <i>7</i> *PSID (5 PSID or more)	<input checked="" type="checkbox"/> <input type="checkbox"/>
DIFFERENCE (1 st check - relief _____ *PSID (3 PSID or more)	<input type="checkbox"/> <input checked="" type="checkbox"/>	DIFFERENCE (1 st check - relief <i>3.5</i> *PSID (3 PSID or more)	<input checked="" type="checkbox"/> <input type="checkbox"/>
NOTE: Failure of any of the above items, requires repair.		*Pounds per Square Inch Differential	

INITIAL TEST		FINAL TEST AFTER REPAIR	
DOUBLE CHECK VALVE ASSEMBLY:	Passed Failed	DOUBLE CHECK VALVE ASSEMBLY:	Passed Failed
1 st CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> <input type="checkbox"/>	1 st CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> <input type="checkbox"/>
2 nd CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> <input type="checkbox"/>	2 nd CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> <input type="checkbox"/>
NOTE: Failure of any of the above items, requires repair.			

APPLICATION: <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> FIRE LINE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER (EXPLAIN)	COMMENTS: Please email to: pdwb.engineeringwaterpermits@dnr.mo.gov
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THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE			
TESTED BY (PRINT) <i>Glenn Wymen</i>	(SIGNATURE) <i>Glenn Wymen</i>	PREPARED BY (PRINT) <i>Glenn Wymen</i>	(SIGNATURE) <i>Glenn Wymen</i>
COMPANY <i>R-Z Plumbing</i>		FINAL TEST BY (PRINT) <i>Glenn Wymen</i>	(SIGNATURE) <i>Glenn Wymen</i>
CERTIFICATION NUMBER AND EXPIRATION DATE <i>33-12149 10/31/2022</i>	OWNER OR OWNER'S REPRESENTATIVE <i>May Sento</i>		DATE <i>5-20-20</i>

Missouri State regulation 10 CSR 60-11.010(6) (E) requires testers to report results of tests and inspections to the customer and the water supplier.



STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM – PUBLIC DRINKING WATER BRANCH
BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER <i>Aldi Inc</i>		CUSTOMER NUMBER		FILE NUMBER
MAILING ADDRESS <i>560 NW Chipman Rd, Lee's Summit, MO 64086</i>				
SERVICE LOCATION <i>Backflow Vault North Side of Store</i>				METER NUMBER
DATE OF TEST <i>5/18</i>	TIME <i>4:00</i> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	SUPPLY PRESSURE <i>90</i> LBS.	AIR GAP (2 x SUPPLY DIAM.) SUPPLY _____ IN. GAP _____ IN.	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY <i>Double Check</i>	MANUFACTURER <i>Watts</i>	MODEL <i>007M3 QT DL</i>	SIZE <i>3/4</i>	SERIAL NUMBER <i>222564</i>
HEIGHT OFF FLOOR <i>18"</i>	PROTECTION FROM: FREEZING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FLOODING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			COMMENTS: 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 _____ *PSID (2 PSID or more)		RELIEF VALVE OPENED AT _____ *PSID (2 PSID or more)		
2 nd CHECK held backpressure		2 nd CHECK held backpressure		
NO. 2 SHUTOFF VALVE leak tight		NO. 2 SHUTOFF VALVE leak tight		
1 st CHECK held in direction of flow _____ *PSID (5 PSID or more)		1 st CHECK held in direction of flow _____ *PSID (5 PSID or more)		
DIFFERENCE (1 st check – relief _____ *PSID (3 PSID or more)		DIFFERENCE (1 st check – relief _____ *PSID (3 PSID or more)		
NOTE: Failure of any of the above items, requires repair.		*Pounds per Square Inch Differential		
INITIAL TEST		FINAL TEST AFTER REPAIR		
DOUBLE CHECK VALVE ASSEMBLY:		DOUBLE CHECK VALVE ASSEMBLY:		
1 st CHECK held in direction of flow <i>1.2</i> PSID (1 PSID or more)		1 st CHECK held in direction of flow _____ PSID (1 PSID or more)		
2 nd CHECK held in direction of flow <i>1.2</i> PSID (1 PSID or more)		2 nd CHECK held in direction of flow _____ PSID (1 PSID or more)		
NOTE: Failure of any of the above items, requires repair.				
APPLICATION: <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> FIRE LINE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER (EXPLAIN)		COMMENTS: Please email to: pdwb.engineeringwaterpermits@dnr.mo.gov		
THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE				
TESTED BY (PRINT) <i>Glenn Wyman</i>		PREPARED BY (PRINT) <i>Glenn Wyman</i>		
COMPANY <i>R-Z Plumbing</i>		FINAL TEST BY (PRINT) <i>Glenn Wyman</i>		
CERTIFICATION NUMBER AND EXPIRATION DATE <i>33-12149 10/31/2022</i>		OWNER OR OWNER'S REPRESENTATIVE <i>May Smith</i>		DATE <i>5-20-20</i>
Missouri State regulation 10 CSR 60-11.010(6) (E) requires testers to report results of tests and inspections to the customer and the water supplier.				



STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM - PUBLIC DRINKING WATER BRANCH
BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER Aldi Inc		CUSTOMER NUMBER		FILE NUMBER
MAILING ADDRESS 560 NW Chipman Rd, Lees Summit, MO 64086				
SERVICE LOCATION Backflow Vault North of Store				METER NUMBER
DATE OF TEST 5/20/20	TIME 2:00 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	SUPPLY PRESSURE 90 LBS.	AIR GAP (2 x SUPPLY DIAM.) SUPPLY _____ IN. GAP _____ IN.	<input type="checkbox"/> PASS <input type="checkbox"/>
TYPE OF ASSEMBLY DC	MANUFACTURER Watts Regulator	MODEL 757 DCDA-GV	SIZE 6"	SERIAL NUMBER TG-1551
HEIGHT OFF FLOOR 14"	PROTECTION FROM: FREEZING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FLOODING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			COMMENTS: 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 _____ *PSID (2 PSID or more)		RELIEF VALVE OPENED AT _____ *PSID (2 PSID or more)		
2 nd CHECK held backpressure		2 nd CHECK held backpressure		
NO. 2 SHUTOFF VALVE leak tight		NO. 2 SHUTOFF VALVE leak tight		
1 st CHECK held in direction of flow _____ *PSID (5 PSID or more)		1 st CHECK held in direction of flow _____ *PSID (5 PSID or more)		
DIFFERENCE (1 st check - relief _____ *PSID (3 PSID or more)		DIFFERENCE (1 st check - relief _____ *PSID (3 PSID or more)		
NOTE: Failure of any of the above items, requires repair.		*Pounds per Square Inch Differential		
INITIAL TEST		FINAL TEST AFTER REPAIR		
DOUBLE CHECK VALVE ASSEMBLY:		DOUBLE CHECK VALVE ASSEMBLY:		
1 st CHECK held in direction of flow 2 PSID (1 PSID or more)		1 st CHECK held in direction of flow _____ PSID (1 PSID or more)		
2 nd CHECK held in direction of flow 2 PSID (1 PSID or more)		2 nd CHECK held in direction of flow _____ PSID (1 PSID or more)		
NOTE: Failure of any of the above items, requires repair.				
APPLICATION: <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> FIRE LINE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER (EXPLAIN)		COMMENTS: Please email to: pdwb.engineeringwaterpermits@dnr.mo.gov		
THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE				
TESTED BY (PRINT) Glenn Wyman		PREPARED BY (PRINT) Glenn Wyman		
(SIGNATURE) Glenn Wyman		(SIGNATURE) Glenn Wyman		
COMPANY R-2 Plumbing		FINAL TEST BY (PRINT) Glenn Wyman		
(SIGNATURE) Glenn Wyman		(SIGNATURE) Glenn Wyman		
CERTIFICATION NUMBER AND EXPIRATION DATE 33-12149 10/31/2022		OWNER OR OWNER'S REPRESENTATIVE Mary Smith		DATE 5-20-20
Missouri State regulation 10 CSR 60-11.010(6) (E) requires testers to report results of tests and inspections to the customer and the water supplier.				