



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

CUSTOMER John Knox village		CUSTOMER NUMBER		FILE NUMBER
MAILING ADDRESS				
SERVICE LOCATION 520 nw Hope Ln, Lee's Summit, MO, 64081				METER NUMBER
DATE OF TEST 12/21/22	TIME 11:00 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	SUPPLY PRESSURE 90 LBS.	AIR GAP (2 x SUPPLY DIAM.) SUPPLY 3 IN. GAP 24" IN.	<input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY Rp	MANUFACTURER Watts	MODEL 957	SIZE 3	SERIAL NUMBER WF-3452
HEIGHT OFF FLOOR 3ft	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 2.6 *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 9.0 *PSID (5 PSID or more)		1 st CHECK held in direction of flow _____ *PSID (5 PSID or more)		
DIFFERENCE (1 st check – relief 6.4 *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		
THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE				
TESTED BY (PRINT) Brett Chenoweth		PREPARED BY (PRINT) (SIGNATURE)		
COMPANY Advantage fire		FINAL TEST BY (PRINT) (SIGNATURE)		
CERTIFICATION NUMBER AND EXPIRATION DATE 24785 - 09/30/25		OWNER OR OWNER'S REPRESENTATIVE		DATE 12/21/22
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.				