

| FOR OFFICE USE ONLY | | | | | | |
|---------------------|--|--|--|--|--|--|
| PROJECT ID NUMBER | | | | | | |
| DATE RECEIVED | | | | | | |

| CUSTOMER INFORM | IATION | | | | | | I | | | | |
|--|---|--|---------------|--|---|------------|-------------------|---------------|----------------|---------------|--|
| CUSTOMER | IATION | | l CI | ISTOMED N | ILIMPED | | | Tene | MILIMA | =D | |
| | | | | CUSTOMER NUMBER FILE NUMBER 816-643-4001 | | | | | =K | | |
| MAILING ADDRESS | | | | 10-0-0- | +001 | | | | | | |
| INFALLING ADDITION | | | | | | | | | | | |
| SERVICE LOCATION | | | | | | | | MET | ER NUN | MBER | |
| 600 NE Mcquire , LS | , MO | | | | | | | | | | |
| DATE OF TEST | TIME: 1 \text{\tint{\text{\text{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\text{\text{\text{\tint{\tint{\text{\tint{\tint{\tint{\text{\text{\text{\text{\text{\tinit}}\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinit}\\ \tint{\text{\tinit}}}\text{\text{\text{\text{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\tinit}\\ \tinithttrimet{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\texi}\text{\text{\text{\text{\text{\texi}\text{\text{\texi}\text{\text{\texit{\text{\tin}\tint{\text{\text{\text{\texi}\text{\texit{\text{\tex{ | SUPPLY PRESS | URE | | AIR GAP (2 x SUPPLY | DIAM.) | | | ■ PA | 00 | |
| 5/13/25 | <u>1</u> | 65 _{LBS} | S. | | SUPPLY 2 | N | GAP_4i | N | | | |
| TYPE OF ASSEMBLY | MANUFACTURER | MODEL | | | CIZE | | | SERIAL NUMBER | | | |
| RP | Wilkins | 375XLRP | | | SIZE 2 | | | | AKH8266 | | |
| HEIGHT OFF FLOOR | PROTECTION FROM: FREEZING | l | | FLOODIN | | | ſ | NEW INS | | | |
| | COMMENTS: | ■ YES □ | NO | LOODIN | G 🔳 YES | NO NO | | | YES [| | |
| 2-6 | | | | | | | | | | | |
| IN | ITIAL TEST | Passed | Failed | <u> </u> | FINAL TES | T AFTER | REPAIR | <u>Pa</u> | <u>assed</u> | <u>Failed</u> | |
| REDUCED PRESSU | RE PRINCIPLE ASSEMBL | Y 🔳 P | lΠF | RE | DUCED PRESSU | RE PRINC | IPLE ASSEMBLY | · [| \Box_{P} | ΠF | |
| DELIEE VALVE | | | | | | | | | _ | ļ | |
| RELIEF VALVE | *DOID (0 DOID | ■ P | F | - I | EF VALVE | *DOID (0) | DOID \ | [| □Р | I □ г | |
| OPENED A1 2.3 | _*PSID (2 PSID or more) | : | ļ | OPE | NED AT | _*PSID (2 | PSID or more) | - - | _ : | · | |
| 2 nd CHECK held backpr | | ■ P | F | 2 ND C | HECK held backp | | | | P | F | |
| NO. 2 SHUTOFF VALV | | ■ P | □ F | NO. 2 | SHUTOFF VALV | | : 1 ST | [|] Р | F | |
| CHECK held in directio | n of flow | ■ P | □ F | | CK held in direction | | | Г | | Пг | |
| 9.0 *PSID (5 F | | <u> </u> | + | —————————————————————————————————————— | *PSID (5 PSID or more) DIFFERENCE 1 ST check – relief | | | | · | | |
| | PSID or more) | ■ P | F | | *PSID (3 P | | e) | | P | ∐ F | |
| NOTE: Failure of a | ny of the above items | requires | repair | *Poun | ds per Square | inch Diffe | erential | | | | |
| INI | TIAL TEST | Passed | <u>Failed</u> | ! | FINAL TEST | AFTER F | REPAIR | Pa | assed | <u>Failed</u> | |
| DOUBLE CHE | CK VALVE ASSEMBLY: | □ P | F | = | DOUBLE CHEC | CK VALVE | ASSEMBLY: | | P | □ F | |
| 1st CHECK held in | | | † | 1st CH | IECK held in | | | | | | |
| | PSID (1 PSID or more | " b | F | | ion of flow | PSID | (1 PSID or more) | , L | P | 📙 F | |
| 2 nd CHECK held in | | ·· | † | | HECK held in | | | · | | | |
| direction of flowPSID (1 PSID or more) | | | ☐ F | | ion of flow | PSID | (1 PSID or more) | | P | ☐ F | |
| NOTE: Failure of a | ny of the above items | requires | repair | | | | | | | | |
| APPLICATION: | COMMENTS: | | | | | | | | | | |
| ■ COMMERCIAL | | | | | | | | | | | |
| ☐ FIRE LINE | | | | | | | | | | | |
| ☐ IRRIGATION | | | | | | | | | | | |
| ☐ OTHER (EXPLA | INI) | | | | | | | | | | |
| ` | julation 10 CSR 60-11 | .010(6) (E) | reaui | res tes | ters to report | results | of tests and i | nspec | tion | s to | |
| | the water supplier. | , , , , | | | | | | | | | |
| | RT IS CERTIFIED TO BE | TRUE, ACC | | | | | | | | | |
| TESTED BY (PRINT) | | | | (SIGNATURE) | | | | | | | |
| Ryan Becker | | | | 1/-/ | | | | | | | |
| PREPARED BY (PRIN | T) | | | (SIGNATL | JRE) | | | | | | |
| Ryan Becker | | | | | | | | | | | |
| FINAL TEST BY (PRINT) | | | | (SIGNATU | JRE) | | | | | | |
| COMPANY | | | | | | | | | | | |
| AFP | | | | | | | | | | | |
| | R AND EXPIRATION DATE | OWNER | OR OW | NER'S RE | PRESENTATIVE | | | DATE | Ξ | _ | |
| 50510 | 11/30/27 | | | | | | | | | | |



| FOR C | FFICE USE ONLY |
|---------|----------------|
| PROJEC | TID NUMBER |
| DATE RE | CEIVED |

| CUSTOMER INFORM | IATION | | | | | | | | | |
|--|---|---------------------|-------------------------------|-----------------------------|--|------------------|------------------|----------------------|--------------|--|
| CUSTOMER | | | | CUSTOMER NUMBER FILE NUMBER | | | | | BER | |
| 600 ne mcquire blvd | | | 81 | 16-643-4 | 001 | | | | | |
| MAILING ADDRESS | | | | | | | | | | |
| SERVICE LOCATION | | | | | | | | METER N | UMBER | |
| 600 NE Mcquire , LS | , MO | | | | | | | | | |
| DATE OF TEST | TIME: 1 \text{\tint{\text{\tint{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\tintet{\texi}}\\ \ti}\\\ \tintte{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\texi{\texi{\texi{\texi}\text{\texi}\text{\texit{\texi}\texit{\texi}\texit{\texi}\text{\texi}\text{\texi}\ti | SUPPLY PRESSU | IRE | | AIR GAP (2 x SUPPLY D | IAM.) | • | ■ F | PASS | |
| 5/13/25 | | 65 _{LBS} . | | | SUPPLY 1.5 IN | | GAP 3 | N D F | | |
| TYPE OF ASSEMBLY RP | MANUFACTURER Wilkins | MODEL 375XLRP | | | SIZE 1.5 | SERIAL N AKG9 | | | | |
| HEIGHT OFF FLOOR | PROTECTION FROM: FREEZING | YES IN | NO. | FLOODIN | | l no | Ţi | NEW INSTALL | | |
| 3-6 | COMMENTS: | | | | | | | ■ YES | NO NO | |
| IN | ITIAL TEST | Passed | Failed | | FINAL TEST | AFTFR | REPAIR | Passe | d Failed | |
| | RE PRINCIPLE ASSEMBL | | F | | DUCED PRESSUR | | | | | |
| RELIEF VALVE OPENED AT 3.0 | _*PSID (2 PSID or more) | ■ P | F | | F VALVE ED AT | *PSID (2 l | PSID or more) | □ F | P G | |
| 2 nd CHECK held backpr | | ■ P | F | 2 ND CI | HECK held backpre | ssure | | □ F | □ F | |
| NO. 2 SHUTOFF VALV | | ₽ | ☐ F | NO. 2 | SHUTOFF VALVE | leak tight | 1 ST | | P ☐ F | |
| CHECK held in directio 8.8 *PSID (5 P | | ■ P | F | CHEC | K held in direction *PSID (5 PS | □ F | P G | | | |
| DIFFERENCE 1 ST check – relief 5.8 *PSID (3 PSID or more) | | | F | DIECE | RENCE 1 ST check *PSID (3 PS | – relief | | □ F | P G | |
| | ny of the above items | requires r | epair | *Poun | ds per Square in | nch Diffe | rential | | l | |
| | TIAL TEST | Passed | | | FINAL TEST | AFTFR F | REPAIR | Passe | d Failed | |
| | CK VALVE ASSEMBLY: | □Р | F | | DOUBLE CHECK | | | | | |
| 1 st CHECK held in | | | □ F | | ECK held in | | | | | |
| direction of flow | PSID (1 PSID or more | ;) L P | □ ⊦ | directi | on of flow | PSID | (1 PSID or more) |) F | ′ Ш | |
| 2 nd CHECK held in direction of flow | | F | 2 nd CH directi | ECK held in on of flow | PSID | (1 PSID or more) | □ F | P F | | |
| NOTE: Failure of a | ny of the above items | requires r | epair | | | | | | | |
| APPLICATION: | COMMENTS: | | | | | | | | | |
| ☐ COMMERCIAL | | | | | | | | | | |
| ☐ FIRE LINE | | | | | | | | | | |
| ■ IRRIGATION | | | | | | | | | | |
| ☐ OTHER (EXPLA | IN) | | | | | | | | | |
| | julation 10 CSR 60-11 the water supplier. | .010(6) (E) | requir | res tes | ters to report r | esults o | of tests and in | nspectio | ns to | |
| | RT IS CERTIFIED TO BE | TRUE, ACC | URATE | E AND (| OMPLETE | | | | | |
| TESTED BY (PRINT) | | | | (SIGNATURE) | | | | | | |
| Ryan Becker | | | <u> </u> | Jul. | <i>ــــ</i> | | | | | |
| PREPARED BY (PRIN | Т) | | (5 | ŚIGNATU | RE) | | | | | |
| Ryan Becker FINAL TEST BY (PRIN | | | | | | | | | | |
| , | ' , | | | JIGNATU | INL) | | | | | |
| COMPANY AFP | | | | | | | | | | |
| | R AND EXPIRATION DATE | OWNER (| OR OWN | IER'S RFF | PRESENTATIVE | | | DATE | | |
| 50510 | 11/30/27 | 5 | | | | | | | | |



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| DATE RECEIVED | | | | | | |

| CUSTOMER INFORM | IATION | | | | | | | | | |
|---|-------------------------------------|------------------|---------------|--|---------------------------|--------------------------|-----------------|---------------|--|--|
| | | | | STOMER N | FILE NUMB | FILE NUMBER | | | | |
| <u> </u> | | | | 816-643-4001 | | | | | | |
| MAILING ADDRESS | | | | | | | | | | |
| SERVICE LOCATION | | | | | | | METER NUI | MBER | | |
| 600 NE Mcquire, LS, | MO | | | | | | | | | |
| DATE OF TEST | TIME: 2:00 □A.M. | SUPPLY PRESSUE | RE | | AIR GAP (2 x SUPPLY DIAM | .) GAPII | □ PA | SS | | |
| 5/13/25 | <u>2.00</u> ■P.M. | 60 LBS. | | | SUPPLYIN | N □ FAIL | | | | |
| TYPE OF ASSEMBLY | MANUFACTURER | MODEL | | | SIZE | | SERIAL NU | | | |
| Dc | Watts | 007m3qt | | | 3/4 | | 235427 | | | |
| HEIGHT OFF FLOOR | PROTECTION FROM: FREEZING COMMENTS: | ☐ YES ☐ N | Ю | FLOODIN | G 🔲 YES 🔳 NO | | NEW INSTALLAT | | | |
| Vault | | | | | | | E TES E | I NO | | |
| INI | ITIAL TEST | <u>Passed</u> | <u>Failed</u> | | FINAL TEST AF | TER REPAIR | Passed | <u>Failed</u> | | |
| REDUCED PRESSU | RE PRINCIPLE ASSEMBL | Y P | F | RE | DUCED PRESSURE F | PRINCIPLE ASSEMBLY | ′ ПР | F | | |
| RELIEF VALVE | | | П. | | F VALVE | | П | | | |
| OPENED AT | _*PSID (2 PSID or more) | P | ∐ F | OPEN | IED AT*PS | SID (2 PSID or more) | L P | | | |
| 2 nd CHECK held backpr | | □Р | F | 2 ND CI | HECK held backpressu | ıre | □Р | F | | |
| NO. 2 SHUTOFF VALV | Έ leak tight 1 st | □Р | F | NO. 2 | SHUTOFF VALVE lea | ak tight 1 ST | □Р | F | | |
| CHECK held in direction*PSID (5 P | n of flow SID or more) | □Р | F | CHEC | CK held in direction of f | □Р | F | | | |
| DIFFERENCE 1 ST chec *PSID (3 P | □Р | F | DIFFE | ERENCE 1 ST check – re *PSID (3 PSID (| | □Р | F | | | |
| NOTE: Failure of a | ny of the above items | s requires re | epair | *Poun | ds per Square inch | Differential | I | | | |
| | TIAL TEST | - i | Failed | | FINAL TEST AF | TER REPAIR | Passed | Failed | | |
| | CK VALVE ASSEMBLY: | ■ P | ☐ F | | DOUBLE CHECK V | | □Р | F | | |
| 1st CHECK held in | | | | 1 st CH | ECK held in | | | | | |
| direction of flow 1.0 | PSID (1 PSID or more | e) II P | □F | direct | ion of flow | _PSID (1 PSID or more) | , LJ P | LJ F | | |
| 2 nd CHECK held in direction of flow 1.3 |) P P | F | | HECK held in ion of flow | _PSID (1 PSID or more) | □Р | F | | | |
| NOTE: Failure of a | ny of the above items | s requires re | epair | | | | 1 | | | |
| APPLICATION: | COMMENTS: | - | | | | | | | | |
| ☐ COMMERCIAL | | | | | | | | | | |
| ■ FIRE LINE | | | | | | | | | | |
| ☐ IRRIGATION | | | | | | | | | | |
| ☐ OTHER (EXPLA | IN) | | | | | | | | | |
| | ulation 10 CSR 60-11 | l.010(6) (E) ı | requir | es tes | ters to report res | ults of tests and in | nspection | s to | | |
| | the water supplier. | | | | | | | | | |
| | T IS CERTIFIED TO BE | TRUE, ACCU | | | | | | | | |
| TESTED BY (PRINT) Ryan Becker | | | (S | (SIGNATURE) | | | | | | |
| PREPARED BY (PRINT | Γ) | | 10 | SIGNATU | | | | | | |
| Ryan becker | | | | | | | | | | |
| FINAL TEST BY (PRINT | Γ) | | (5 | SIGNATU | RE) | | | | | |
| COMPANY | | | | | | | | | | |
| Afp | | | | | | | | | | |
| | R AND EXPIRATION DATE | OWNER C | OR OWN | ER'S REI | PRESENTATIVE | | DATE | | | |
| 50510 11/30/27 | | | | | - | | 5/13/25 | | | |



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| CUSTOMER INFORM | IATION | | | | | | | | | |
|---|-------------------------------------|---------------------|---------------|---|-------------------------------|-----------------------------|------------------------|---------------------|----------|--|
| CUSTOMER | | | | STOMER N | IUMBER | | | FILE NUME | ER | |
| 600 ne mcquire blvd | | | | 6-643- | 4001 | | | | | |
| MAILING ADDRESS | | | | | | | | | | |
| SERVICE LOCATION | | | | | | | | METER NU | MBER | |
| 600 NE Mcquire, LS, | , MO | | | | | | | | | |
| DATE OF TEST | TIME: 2 \text{A.M.} | SUPPLY PRESSU | JRE | | AIR GAP (2 x SUPP | | | □ P/ | \SS | |
| 5/13/25 | <u>Z</u> ■ P.M. | 60 _{LBS} . | | | SUPPLYIN GAPIN | | | N | | |
| TYPE OF ASSEMBLY | MANUFACTURER | MODEL | | | SIZE | | | SERIAL NUMBER | | |
| DCDA | Watts | 757 | | | 6" | | | Xf-170 | | |
| HEIGHT OFF FLOOR | PROTECTION FROM: FREEZING COMMENTS: | YES I | NO | FLOODIN | G 🔲 YES | ■ NO | N | IEW INSTALLA YES | | |
| Vault | | | | , | | | | | , | |
| | ITIAL TEST RE PRINCIPLE ASSEMBL | Y Passed | Failed F | RE | | ST AFTER I URE PRINCI | REPAIR PLE ASSEMBLY | Passed P | Failed F | |
| RELIEF VALVE | | | | RELII | EF VALVE | | | | | |
| OPENED AT | _*PSID (2 PSID or more) | LL P | ∐F | OPE | NED AT | *PSID (2 I | PS I D or more) | P | F | |
| 2 nd CHECK held backpr | | □Р | F | T | HECK held back | pressure | | □Р | F | |
| NO. 2 SHUTOFF VALV | | □Р | F | NO. 2 | SHUTOFF VAL | | 1 ST | □Р | F | |
| CHECK held in directio*PSID (5 P | n of flow SID or more) | □Р | F | CHE | CK held in direct *PSID (5 | ion of flow PSID or more | e) | □Р | F | |
| DIFFERENCE 1 ST check – relief *PSID (3 PSID or more) | | | F | DIFFERENCE 1 ST check – relief *PSID (3 PSID or more) | | | | □Р | F | |
| NOTE: Failure of a | ny of the above items | s requires r | epair | *Poun | ds per Squar | e inch Diffe | rential | | | |
| INI | TIAL TEST | Passed | <u>Failed</u> | | FINAL TES | ST AFTER F | REPAIR | Passed | Failed | |
| DOUBLE CHE | CK VALVE ASSEMBLY: | ■ P | F | | DOUBLE CH | ECK VALVE | ASSEMBLY: | □Р | F | |
| 1st CHECK held in | | | ΠF | 1st CH | IECK held in | | | П | П | |
| direction of flow 3.2 | PSID (1 PSID or more | e) III P | | direct | ion of flow | PSID | (1 PSID or more) | | <u> </u> | |
| 2 nd CHECK held in direction of flow 2.9 PSID (1 PSID or more) | | | F | | HECK held in ion of flow | PSID | (1 PSID or more) | ☐ P | F | |
| NOTE: Failure of a | ny of the above items | s requires r | epair | | | | | | | |
| APPLICATION: | COMMENTS: | | | | | | | | | |
| ☐ COMMERCIAL | | | | | | | | | | |
| ■ FIRE LINE | | | | | | | | | | |
| ☐ IRRIGATION | | | | | | | | | | |
| ☐ OTHER (EXPLA | IN) | | | | | | | | | |
| 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. | | | | | | | | | | |
| | RT IS CERTIFIED TO BE | TRUE. ACC | URATE | E AND | COMPLETE | | | | | |
| TESTED BY (PRIN | | | | SIGNATU | | | | | | |
| Ryan Becker | | | 4 | Lygten | | | | | | |
| | PREPARED BY (PRINT) (SIGNATURE) | | | | | | | | | |
| Ryan becker | | | | | | | | | | |
| FINAL TEST BY (PRIN | Τ) | | (; | SIGNATU | JRE) | | | | | |
| COMPANY | | | 1 | | | | | | | |
| Afp | | | | | | | | | | |
| | R AND EXPIRATION DATE | OWNER | OR OWN | ER'S RE | PRESENTATIVE | | | DATE | | |
| 50510 | 50510 11/30/27 | | | | | | | 5/13/25 | | |

Report of Inspection / Test

05-15-2025CorPropertyAdv600 ne mcquire blvdAdv

600 NE Mcquire LS MO

Print Date: 05-15-2025

Conducted by: Ryan Becker

Advantage Fire Protection 404B NW 11th street Blue Springs MO 64015 816-224-3400 service@advantagefire.net



Deficiencies - Domestic riser room

None

Deficiencies - Irrigation

None

Deficiencies - Vault bypass

None

Deficiencies - Vault DCDA

None

Report of Inspection / Test

05-15-2025 Property

600 ne mcquire blvd 600 NE Mcquire LS MO

LS IVIU

Print Date: 05-15-2025

Conducted by: Ryan Becker

Advantage Fire Protection 404B NW 11th street Blue Springs MO 64015 816-224-3400 service@advantagefire.net DVANTAGE

FIRE PROTECTION SYSTEMS INC.

(816) 224-3400

"We are your Advantage"

Inspector Signature

I state that the information on this form is correct at the time and place of my inspection, and all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.

| Inspector Name | Signature | Date Completed |
|----------------|-----------|----------------|
| Ryan Becker | Lyden | 2025-05-15 |