



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

FOR OFFICE USE ONLY

PROJECT ID NUMBER

DATE RECEIVED

CUSTOMER INFORMATION

CUSTOMER 600 ne mcquire blvd		CUSTOMER NUMBER 816-643-4001		FILE NUMBER
MAILING ADDRESS				
SERVICE LOCATION 600 NE Mcquire , LS , MO				METER NUMBER
DATE OF TEST 5/13/25	TIME: 1 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	SUPPLY PRESSURE 65 LBS.	AIR GAP (2 x SUPPLY DIAM.) SUPPLY 2 IN GAP 4 IN	<input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY RP	MANUFACTURER Wilkins	MODEL 375XLRP	SIZE 2	SERIAL NUMBER AKH8266
HEIGHT OFF FLOOR 2-6	PROTECTION FROM: FREEZING COMMENTS: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FLOODING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			NEW INSTALLATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

INITIAL TEST	Passed	Failed	FINAL TEST AFTER REPAIR	Passed	Failed
REDUCED PRESSURE PRINCIPLE ASSEMBLY	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F	REDUCED PRESSURE PRINCIPLE ASSEMBLY	<input type="checkbox"/> P	<input type="checkbox"/> F
RELIEF VALVE OPENED AT 2.5 *PSID (2 PSID or more)	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F	RELIEF VALVE OPENED AT *PSID (2 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F
2 nd CHECK held backpressure	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F	2 nd CHECK held backpressure	<input type="checkbox"/> P	<input type="checkbox"/> F
NO. 2 SHUTOFF VALVE leak tight 1 st	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F	NO. 2 SHUTOFF VALVE leak tight 1 st	<input type="checkbox"/> P	<input type="checkbox"/> F
CHECK held in direction of flow 9.0 *PSID (5 PSID or more)	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F	CHECK held in direction of flow *PSID (5 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F
DIFFERENCE 1 st check – relief 6.5 *PSID (3 PSID or more)	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F	DIFFERENCE 1 st check – relief *PSID (3 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F

NOTE: Failure of any of the above items requires repair

***Pounds per Square inch Differential**

INITIAL TEST	Passed	Failed	FINAL TEST AFTER REPAIR	Passed	Failed
DOUBLE CHECK VALVE ASSEMBLY:	<input type="checkbox"/> P	<input type="checkbox"/> F	DOUBLE CHECK VALVE ASSEMBLY:	<input type="checkbox"/> P	<input type="checkbox"/> F
1 st CHECK held in direction of flow PSID (1 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F	1 st CHECK held in direction of flow PSID (1 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F
2 nd CHECK held in direction of flow PSID (1 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F	2 nd CHECK held in direction of flow PSID (1 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F

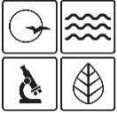
NOTE: Failure of any of the above items requires repair

APPLICATION: <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> FIRE LINE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER (EXPLAIN)	COMMENTS:
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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.

THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE

TESTED BY (PRINT) Ryan Becker	(SIGNATURE)
PREPARED BY (PRINT) Ryan Becker	(SIGNATURE)
FINAL TEST BY (PRINT)	(SIGNATURE)
COMPANY AFP	
CERTIFICATION NUMBER AND EXPIRATION DATE 50510 11/30/27	OWNER OR OWNER'S REPRESENTATIVE DATE



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MAILING ADDRESS				
SERVICE LOCATION 600 NE Mcquire , LS , MO				METER NUMBER
DATE OF TEST 5/13/25	TIME: 1 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	SUPPLY PRESSURE 65 LBS.	AIR GAP (2 x SUPPLY DIAM.) SUPPLY 1.5 IN GAP 3 IN	<input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY RP	MANUFACTURER Wilkins	MODEL 375XLRP	SIZE 1.5	SERIAL NUMBER AKG9071
HEIGHT OFF FLOOR 3-6	PROTECTION FROM: FREEZING COMMENTS: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FLOODING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			NEW INSTALLATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

INITIAL TEST	Passed	Failed	FINAL TEST AFTER REPAIR	Passed	Failed
REDUCED PRESSURE PRINCIPLE ASSEMBLY	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F	REDUCED PRESSURE PRINCIPLE ASSEMBLY	<input type="checkbox"/> P	<input type="checkbox"/> F
RELIEF VALVE OPENED AT 3.0 *PSID (2 PSID or more)	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F	RELIEF VALVE OPENED AT *PSID (2 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F
2 nd CHECK held backpressure	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F	2 nd CHECK held backpressure	<input type="checkbox"/> P	<input type="checkbox"/> F
NO. 2 SHUTOFF VALVE leak tight 1 st	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F	NO. 2 SHUTOFF VALVE leak tight 1 st	<input type="checkbox"/> P	<input type="checkbox"/> F
CHECK held in direction of flow 8.8 *PSID (5 PSID or more)	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F	CHECK held in direction of flow *PSID (5 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F
DIFFERENCE 1 st check – relief 5.8 *PSID (3 PSID or more)	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F	DIFFERENCE 1 st check – relief *PSID (3 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F

NOTE: Failure of any of the above items requires repair

***Pounds per Square inch Differential**

INITIAL TEST	Passed	Failed	FINAL TEST AFTER REPAIR	Passed	Failed
DOUBLE CHECK VALVE ASSEMBLY:	<input type="checkbox"/> P	<input type="checkbox"/> F	DOUBLE CHECK VALVE ASSEMBLY:	<input type="checkbox"/> P	<input type="checkbox"/> F
1 st CHECK held in direction of flow PSID (1 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F	1 st CHECK held in direction of flow PSID (1 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F
2 nd CHECK held in direction of flow PSID (1 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F	2 nd CHECK held in direction of flow PSID (1 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F

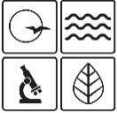
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APPLICATION: <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> FIRE LINE <input checked="" type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER (EXPLAIN)	COMMENTS:
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PREPARED BY (PRINT) Ryan Becker	(SIGNATURE)
FINAL TEST BY (PRINT)	(SIGNATURE)
COMPANY AFP	
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MAILING ADDRESS				
SERVICE LOCATION 600 NE Mcquire , LS , MO				METER NUMBER
DATE OF TEST 5/13/25	TIME: 2:00 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	SUPPLY PRESSURE 60 LBS.	AIR GAP (2 x SUPPLY DIAM.) SUPPLY _____ IN GAP _____ IN	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY Dc	MANUFACTURER Watts	MODEL 007m3qt	SIZE 3/4	SERIAL NUMBER 235427
HEIGHT OFF FLOOR Vault	PROTECTION FROM: FREEZING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FLOODING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			NEW INSTALLATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

INITIAL TEST	Passed	Failed	FINAL TEST AFTER REPAIR	Passed	Failed
REDUCED PRESSURE PRINCIPLE ASSEMBLY	<input type="checkbox"/> P	<input type="checkbox"/> F	REDUCED PRESSURE PRINCIPLE ASSEMBLY	<input type="checkbox"/> P	<input type="checkbox"/> F
RELIEF VALVE OPENED AT _____*PSID (2 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F	RELIEF VALVE OPENED AT _____*PSID (2 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F
2 nd CHECK held backpressure	<input type="checkbox"/> P	<input type="checkbox"/> F	2 nd CHECK held backpressure	<input type="checkbox"/> P	<input type="checkbox"/> F
NO. 2 SHUTOFF VALVE leak tight 1 st	<input type="checkbox"/> P	<input type="checkbox"/> F	NO. 2 SHUTOFF VALVE leak tight 1 st	<input type="checkbox"/> P	<input type="checkbox"/> F
CHECK held in direction of flow _____ *PSID (5 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F	CHECK held in direction of flow _____ *PSID (5 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F
DIFFERENCE 1 st check – relief _____ *PSID (3 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F	DIFFERENCE 1 st check – relief _____ *PSID (3 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F

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***Pounds per Square inch Differential**

INITIAL TEST	Passed	Failed	FINAL TEST AFTER REPAIR	Passed	Failed
DOUBLE CHECK VALVE ASSEMBLY:	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F	DOUBLE CHECK VALVE ASSEMBLY:	<input type="checkbox"/> P	<input type="checkbox"/> F
1 st CHECK held in direction of flow 1.0 _____ PSID (1 PSID or more)	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F	1 st CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F
2 nd CHECK held in direction of flow 1.3 _____ PSID (1 PSID or more)	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F	2 nd CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F

NOTE: Failure of any of the above items requires repair

APPLICATION: <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> FIRE LINE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER (EXPLAIN)	COMMENTS:
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FINAL TEST BY (PRINT)	(SIGNATURE)
COMPANY Afp	
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SERVICE LOCATION 600 NE Mcquire , LS , MO					METER NUMBER
DATE OF TEST 5/13/25	TIME: 2 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	SUPPLY PRESSURE 60 LBS.	AIR GAP (2 x SUPPLY DIAM.) SUPPLY _____ IN	GAP _____ IN	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY DCDA	MANUFACTURER Watts	MODEL 757	SIZE 6"	SERIAL NUMBER Xf-1707	
HEIGHT OFF FLOOR Vault	PROTECTION FROM: FREEZING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FLOODING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			NEW INSTALLATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

INITIAL TEST	Passed	Failed	FINAL TEST AFTER REPAIR	Passed	Failed
REDUCED PRESSURE PRINCIPLE ASSEMBLY	<input type="checkbox"/> P	<input type="checkbox"/> F	REDUCED PRESSURE PRINCIPLE ASSEMBLY	<input type="checkbox"/> P	<input type="checkbox"/> F
RELIEF VALVE OPENED AT _____*PSID (2 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F	RELIEF VALVE OPENED AT _____*PSID (2 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F
2 nd CHECK held backpressure	<input type="checkbox"/> P	<input type="checkbox"/> F	2 nd CHECK held backpressure	<input type="checkbox"/> P	<input type="checkbox"/> F
NO. 2 SHUTOFF VALVE leak tight 1 st	<input type="checkbox"/> P	<input type="checkbox"/> F	NO. 2 SHUTOFF VALVE leak tight 1 st	<input type="checkbox"/> P	<input type="checkbox"/> F
CHECK held in direction of flow _____ *PSID (5 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F	CHECK held in direction of flow _____ *PSID (5 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F
DIFFERENCE 1 st check – relief _____ *PSID (3 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F	DIFFERENCE 1 st check – relief _____ *PSID (3 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F

NOTE: Failure of any of the above items requires repair

***Pounds per Square inch Differential**

INITIAL TEST	Passed	Failed	FINAL TEST AFTER REPAIR	Passed	Failed
DOUBLE CHECK VALVE ASSEMBLY:	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F	DOUBLE CHECK VALVE ASSEMBLY:	<input type="checkbox"/> P	<input type="checkbox"/> F
1 st CHECK held in direction of flow 3.2 _____ PSID (1 PSID or more)	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F	1 st CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F
2 nd CHECK held in direction of flow 2.9 _____ PSID (1 PSID or more)	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F	2 nd CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F

NOTE: Failure of any of the above items requires repair

APPLICATION: <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> FIRE LINE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER (EXPLAIN)	COMMENTS:
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FINAL TEST BY (PRINT)	(SIGNATURE)
COMPANY Afp	
CERTIFICATION NUMBER AND EXPIRATION DATE 50510 11/30/27	OWNER OR OWNER'S REPRESENTATIVE DATE 5/13/25

Report of Inspection / Test



05-15-2025

Property

600 ne mcquire blvd

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

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

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		2025-05-15