



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 <i>Courtney Meredith</i>		CUSTOMER NUMBER	FILE NUMBER
MAILING ADDRESS <i>460 Hwy DD</i>			
SERVICE LOCATION <i>Front</i>			METER NUMBER
DATE OF TEST <i>5-29-26</i>	TIME <i>10:00</i> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	SUPPLY PRESSURE <i>75</i> LBS	AIR GAP (2 x SUPPLY DIAM.) SUPPLY _____ IN GAP _____ IN
TYPE OF ASSEMBLY <i>RP</i>	MANUFACTURER <i>Wilkins</i>	MODEL <i>975XL</i>	SIZE <i>3/4</i>
HEIGHT OFF FLOOR <i>12in</i>	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 type="checkbox"/> YES <input checked="" 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 <i>2.2</i> *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 <sup>nd</sup> CHECK held backpressure	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F	2 <sup>nd</sup> CHECK held backpressure	<input type="checkbox"/> P	<input type="checkbox"/> F
NO. 2 SHUTOFF VALVE leak tight 1 <sup>st</sup>	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F	NO. 2 SHUTOFF VALVE leak tight 1 <sup>st</sup>	<input type="checkbox"/> P	<input type="checkbox"/> F
CHECK held in direction of flow <i>9.0</i> *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 <sup>st</sup> check - relief <i>6.8</i> *PSID (3 PSID or more)	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F	DIFFERENCE 1 <sup>st</sup> 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 <sup>st</sup> CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F	1 <sup>st</sup> CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F
2 <sup>nd</sup> CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F	2 <sup>nd</sup> 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:	COMMENTS:
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> FIRE LINE <input checked="" type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER (EXPLAIN)	

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) <i>Danny Thompson</i>	(SIGNATURE) <i>[Signature]</i>
PREPARED BY (PRINT)	(SIGNATURE)
FINAL TEST BY (PRINT)	(SIGNATURE)

COMPANY *3 Seasons Irrigation LLC*

CERTIFICATION NUMBER AND EXPIRATION DATE <i>3412361 3-31-29</i>	OWNER OR OWNER'S REPRESENTATIVE <i>Danny Thompson</i>	DATE <i>5-29-26</i>
--	--	------------------------