



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

CUSTOMER Jerry Tonioli		CUSTOMER NUMBER		FILE NUMBER
MAILING ADDRESS 38 Wisdom Ct Lake Saint Louis, MO 63367				
SERVICE LOCATION 38 Wisdom Ct Lake Saint Louis, MO 63367				METER NUMBER
DATE OF TEST 03-31-26	TIME 8:38 AM	SUPPLY PRESSURE _____ LBS.	AIR GAP (2 x SUPPLY DIAM.) SUPPLY _____ IN. GAP _____ IN.	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY RPZ	MANUFACTURER Wilkins	MODEL 375 RP	SIZE 3/4"	SERIAL NUMBER B214380
HEIGHT OFF FLOOR 12in	PROTECTION FROM: FREEZING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FLOODING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			COMMENTS: 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"/>	<input type="checkbox"/>	REDUCED PRESSURE PRINCIPLE ASSEMBLY:	<input type="checkbox"/>	<input type="checkbox"/>
RELIEF VALVE OPENED AT <u>4.2</u> *PSID (2 PSID or more)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RELIEF VALVE OPENED AT _____ *PSID (2 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>
2 nd CHECK held backpressure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2 nd CHECK held backpressure	<input type="checkbox"/>	<input type="checkbox"/>
NO. 2 SHUTOFF VALVE leak tight	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/>	<input type="checkbox"/>
1 st CHECK held in direction of flow <u>7.2</u> *PSID (5 PSID or more)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1 st CHECK held in direction of flow _____ *PSID (5 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>
DIFFERENCE (1 st check – relief <u>3.0</u> *PSID (3 PSID or more)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIFFERENCE (1 st check – relief _____ *PSID (3 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>	DOUBLE CHECK VALVE ASSEMBLY:	<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"/>	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:	COMMENTS
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> FIRE LINE <input type="checkbox"/> IRRIGATION <input checked="" type="checkbox"/> OTHER (EXPLAIN) Other	

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

TESTED BY (PRINT) Bobby Dees	(SIGNATURE) 	PREPARED BY (PRINT)	(SIGNATURE)
COMPANY Automatic Rain		FINAL TEST BY (PRINT)	(SIGNATURE)

CERTIFICATION NUMBER AND EXPIRATION DATE 34-14210 02-28-28	OWNER OR OWNER'S REPRESENTATIVE	DATE 03-31-26
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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.