



Forward This Original Report to:
 Water & Sanitary Sewer Department
 Attn: BPAT & CSI Division
 805 W. Jasper Drive, Killeen, Texas 76542
 Telephone: 254.501.6315 or Fax: 254.501.6321

City of Killeen

Date of Test: _____

Time: _____

AM PM

Public Water System ID #: 0140006

Backflow Test Status: Passed Failed

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for record keeping.

***BACKFLOW PREVENTION ASSEMBLY TEST and MAINTENANCE REPORT**

ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

Customer Information – Please Print

Property Owner/Agent: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Backflow Assembly Information – Please Print

Serial Number: _____ Manufacturer: _____ Model: _____ Size: _____

New Existing Replacement Replacement For Serial #: _____

Is this commercial property? Yes: No:

Occupant/Business Name: _____

Physical Address: _____

Assembly location on the property: _____

Reason the assembly is installed: _____

The backflow prevention assembly detailed below has been tested and maintained as required by commission regulations and is certified to be operating within acceptable parameters. Is the assembly installed in accordance with manufacturer recommendation and/or local codes? Yes No

Type of Assembly

<input type="checkbox"/>	Reduced Pressure Principle	<input type="checkbox"/>	Reduced Pressure Principle-Detector
<input type="checkbox"/>	Double Check Valve	<input type="checkbox"/>	Double Check-Detector
<input type="checkbox"/>	Pressure Vacuum Breaker	<input type="checkbox"/>	Spill-Resistant Pressure Vacuum Breaker

Initial Test	Reduced Pressure Principle Assembly		Relief Valve	Pressure Vacuum Breaker	
	Double Check Valve Assembly			Air Inlet	Check Valve
	1st Check	2nd Check			
Held at _____ psid	Held at _____ psid	Opened at _____ psid	Opened at _____ psid	Held at _____ psid	
Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>	
Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>				
Repairs & Materials Used					
Test After Repairs	Held at _____ psid	Held at _____ psid	Opened at _____ psid	Opened at _____ psid	Held at _____ psid
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>			

By signing below, I certify that all information on this test and maintenance report is true and correct at time of testing.

REMARKS:

Test gauge used: Make: _____ Model: _____ Serial Number: _____ Calibration Date: _____

Certified Tester (Print-Name & Signature) _____

Firm Name _____ Address: _____

Firm Telephone# _____ Certification # _____ Expiration _____

*Test Records must be kept for at least 3 years

**Use only manufacturer's replacement parts