City of Killeen

Date of Test: _____ _____ **Time:**_____ ☐ **AM** ☐ **PM**

Public Water System ID #: 0 1 4 0 0 0 6   **Backflow Test Result**: ☐ **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.
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.

*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 Old Serial/Model #:**

Is this commercial property?   **Yes:** ☐   **No:** ☐

Occupant/Business Name:

Physical Address:

Assembly location on the property:

Reason the assembly is installed:

Is the assembly installed in accordance with manufacturer recommendation and/or local codes? ☐**Yes** ☐**No**
Is the assembly installed on a non-potable water supply (auxiliary)? ☐**Yes**   ☐**No**

Type of Assembly

☐	Reduced Pressure Principle	☐	Reduced Pressure Principle-Detector
☐	Double Check Valve	☐	Double Check-Detector
☐	Pressure Vacuum Breaker	☐	Spill-Resistant Pressure Vacuum Breaker

	Reduced Pressure Principle Assembly (RPBA)		Relief Valve	PVB & SVB	
	DCVA			Air Inlet	Check Valve
	1st Check	2nd Check ***			
Initial Test Date: Time:	Held at _____ psid Closed Tight ☐ Leaked ☐	Held at _____ psid Closed Tight ☐ Leaked ☐	Opened at _____ psid Did Not Open ☐	Opened at _____ psid Did Not Open ☐ Did it fully open (Yes ☐ / No ☐)	Held at_____psid Leaked ☐
Repairs & Materials Used**					
Test After Repairs Date: Time:	Held at _____ psid Closed Tight ☐	Held at _____ psid Closed Tight ☐	Opened at _____ psid	Opened at _____ psid	Held at _____ psid

***2nd Check: numeric reading required for DCVA only

Remarks:_____
_____

Test gauge used: Potable ☐   **Non-Potable** ☐
Make: **Model:**   **Serial Number:**   **Calibration Date:**

Certified Tester (Print-Name & Signature)

Firm Name   Address:

Firm Telephone#   **Certification #**   **Expiration**

The above is certified to be true at the time of testing.

*Test Records must be kept for at least 3 years [30 TAC §290.46(B)]   **Use only manufacturer's replacement parts