General Instructions:

The purpose of form TCEQ-20700 Backflow Prevention Assembly Test and Maintenance Report (T&M Form) is to document the results of testing a backflow prevention assembly. The form can be completed in one of two ways:

1. The form can be printed and completed by hand, or
2. The form can be completed electronically through an electronic medium (tablet, laptop computer, etc.). The yellow areas on the form can be completed electronically.

> *NOTE: __The form is intended to be completed on-site while testing is occurring__. If the form is completed electronically, the electronic device must also be on-site for proper use of this form.*

The form must be printed and signed by the Licensed Tester that performed the work, unless TCEQ approved electronic recording keeping is in use. The hardcopy original must be provided to the Public Water System (PWS) as specified in ***Title 30 of the Texas Administrative Code 290.44(h)(4)(c).***

Specific Instructions:

Please follow the instructions below when completing form TCEQ-20700:

1. Check boxes: If completing the form electronically, all check boxes can be selected to make the desired indication. Selecting a box will insert an "X" in the box.
2. When performing the test, if the "Initial Test" yields acceptable results, do not complete the "Repairs and Materials Used**" or "Test After Repairs" rows on the form.
3. Remarks: If completing the form electronically, the "Remarks" section of the form is expandable, which means the final report can be more than one page. All pages of the T&M Report must be submitted to the water system.
4. Testing completed by a licensed tester must be documented on one form. Any follow-up testing performed by a different tester must be documented on a separate form.

Things to remember:

1. Differential pressure gauges:
   a. In order to prevent contamination, gauges used on potable water backflow prevention assemblies must **not** be used to test non-potable backflow prevention assemblies.
   b. Gauges need to be tested for accuracy annually and that date plus the serial number and other gauge information must be correctly recorded on the form. This allows Public water systems to ensure that the gauges are in compliance.
2. Annual testing of backflow prevention assemblies (those installed to protect against health hazards) or differential pressure gauges is to occur no more than 12 months from the last test date.
3. A tester's license is based on the testing procedures described in the University of Southern California's 10th edition manual. These procedures are expected to be used when testing backflow prevention assemblies.
4. Type II assemblies: This form can only accommodate a Type II assembly with a single check bypass.

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Texas Commission on Environmental Quality
BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

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The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for recordkeeping *purposes:

NAME OF PWS:	City of Glenn Heights
PWS ID#:	0570085
PWS MAILING ADDRESS:	1938 S Hampton Bldg C Glenn Heights TX 75154
PWS CONTACT PERSON:	Emilio Reyna
ADDRESS OF SERVICE:	

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.

TYPE OF BACKFLOW PREVENTION ASSEMBLY (BPA):

☐	Reduced Pressure Principle (RPBA)	☐ Reduced Pressure Principle-Detector (RPBA-D)		Type II ☐
☐	Double Check Valve (DCVA)	☐ Double Check-Detector (DCVA-D)		Type II ☐
☐	Pressure Vacuum Breaker (PVB)	☐ Spill-Resistant Pressure Vacuum Breaker (SVB)		

Manufacturer:	Main:	Bypass:	Size:	Main:	Bypass:
Model Number:	Main:	Bypass:	BPA Location:		
Serial Number:	Main:	Bypass:	BPA Serves:		

Reason for test:	New ☐ Existing ☐ Replacement ☐ Old Model/Serial #	
Is the assembly installed in accordance with manufacturer recommendations and/or local codes?	☐ Yes	☐ No
Is the assembly installed on a non-potable water supply (auxiliary)?	☐ Yes	☐ No

TEST RESULT	Reduced Pressure Principle Assembly (RPBA)			Type II Assembly	PVB & SVB	
PASS ☐	DCVA		Relief Valve	Bypass Check	Air Inlet	Check Valve
FAIL ☐	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 ☐	Held at ____ psid Closed Tight ☐ Leaked ☐	Opened at ____ psid Did not open ☐ Did it fully open (Yes ☐ /No ☐)	Held at _____ psid Leaked ☐
Repairs and Materials Used**	Main: Bypass:					
Test After Repair Date: Time:	Held at ____ psid Closed Tight ☐	Held at ____ psid Closed Tight ☐	Opened at ___ psid	Held at ____ psid Closed Tight ☐	Opened at ____ psid	Held at _____ psid

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

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Differential pressure gauge used:	Potable: ☐	Non-Potable: ☐	
Make/Model:	SN:	Date tested for accuracy :	

Remarks:	

Company Name:	Licensed Tester Name (Print/Type):	
Company Address:	Licensed Tester Name (Signature):	
Company Phone #:	BPAT License #	
	License Expiration Date:	

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

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* TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS [30 TAC §290.46(B)]
** USE ONLY MANUFACTURER'S REPLACEMENT PARTS