



**Texas Commission on Environmental Quality
Form TCEQ-20700 - Instructions**

General Instructions:

The purpose of form TCEQ-20700 Backflow Prevention Assembly Test and Maintenance Report (T&M Form) is to document the test results from testing a backflow prevention assembly. The form can be completed 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. The hardcopy original must be provided to the Public Water System (PWS) as specified in **3Title 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: The "Remarks" section of the form is expandable, which means the final report can be more than one page. The PWS's records must include all pages of the T&M Report.

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

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 Amarillo
PWS ID#:	1880001
MAILING ADDRESS:	
CONTACT PERSON:	
LOCATION 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 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 |

Manufacturer:		Size:	
Model Number:		Located At:	
Serial Number:			

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? Yes No

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1 st Check	2 nd Check			
Initial Test	Held at ____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at ____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at ____ psid Did not open <input type="checkbox"/>	Opened at ____ psid Did not open <input type="checkbox"/>	Held at ____ psid Leaked <input type="checkbox"/>
Repairs and Materials Used**					
Test After Repair	Held at ____ psid Closed Tight <input type="checkbox"/>	Held at ____ psid Closed Tight <input type="checkbox"/>	Opened at ____ psid	Opened at ____ psid	Held at ____ psid

Test gauge used:

Make/Model:		SN:		Date tested for accuracy:	
Remarks:					

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

Firm Name:		Certified Tester Name (Print/Type):	
Firm Address:		Certified Tester Name (Signature):	
Firm Phone #:		Cert. Tester No.:	Date of Test:

* TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS
 ** USE ONLY MANUFACTURER'S REPLACEMENT PARTS