



Control Number: 52299



Item Number: 942

## MOORE WATER SUPPLY

Date:

7/11/2017

Customer and Account #

Address:

Dear Member,

You are being required to have your backflow preventer inspected annually due to your non-standard service. Any water source or appliances with a risk of contamination connected to the Moore Water Supply Corporation (MWSC) requires a backflow prevention device to ensure cross-contamination does not occur. Many of these wells and/or non-standard services have been in existence for a number of years, but are now required to adhere to this Cross Contamination Control Policy adopted by the Board of Directors on May 15, 2017. No system that is connected to the MWSC water or sewer will be 'grandfathered' as these rules will be enforced for all potential cross-contamination hazards outlined in the policy.

Compliance verification will commence on or about December 1, 2021. Compliance inspections will be completed by certified backflow preventer inspector. Please submit your inspection report MWSC P.O. Box 126 Moore, Texas 78057. Failure to submit the appropriate completed Inspection Report will result in a non-voluntary inspection with the accompanying fee charged to the Non-Standard user. Please return the Report form upon receipt, so we can determine the status of your compliance.

Complete policy details are on the [MooreWaterSupplyCorp.com](http://MooreWaterSupplyCorp.com) website under the forms section. TCEQ requires that backflow preventers be inspected annually and kept on file in the MWSC office.

For any further assistance you may contact MWSC staff Monday – Friday from 9:00 – 3:00 at (830)663-6344.

Thanks in advance,

Ray J. Freitas  
MWSC Manager

942



**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 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)*.

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**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.

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:         | Moore Water Supply Corp     |
| PWS ID#:             | 10212                       |
| PWS MAILING ADDRESS: | PO Box 126 Moore, Tx. 78057 |
| PWS CONTACT PERSON:  | Albert Gomez                |
| 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): |                                   |                          |   |
|---|-----------------------------------|--------------------------|---|
| <input type="checkbox"/>                    | Reduced Pressure Principle (RPBA) | <input type="checkbox"/> | Reduced Pressure Principle-Detector (RPBA-D) Type II <input type="checkbox"/> |
| <input type="checkbox"/>                    | Double Check Valve (DCVA)         | <input type="checkbox"/> | Double Check-Detector (DCVA-D) Type II <input type="checkbox"/>               |
| <input type="checkbox"/>                    | Pressure Vacuum Breaker (PVB)     | <input type="checkbox"/> | 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 <input type="checkbox"/> | Existing <input type="checkbox"/> | Replacement <input type="checkbox"/> | Old Model/Serial # |  |
| Is the assembly installed in accordance with manufacturer recommendations and/or local codes? |                              |                                   |                                      |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the assembly installed on a non-potable water supply (auxiliary)?                          |                              |                                   |                                      |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| TEST RESULT  | Reduced Pressure Principle Assembly (RPBA)  |   |   | Type II Assembly  | PVB & SVB   |  |
|--|---|---|---|---|---|--|
|  | DCVA  |   | Relief Valve  | Bypass Check  | Air Inlet   | Check Valve  |
|  | 1 <sup>st</sup> Check   | 2 <sup>nd</sup> Check***  |   |   |   |  |
| <b>PASS</b> <input type="checkbox"/><br><br><b>FAIL</b> <input type="checkbox"/>     |   |   |   |   |   |  |
| <b>Initial Test</b><br>Date: <input type="text"/><br>Time: <input type="text"/>      | Held at <input type="text"/> psid<br>Closed Tight <input type="checkbox"/><br>Leaked <input type="checkbox"/> | Held at <input type="text"/> psid<br>Closed Tight <input type="checkbox"/><br>Leaked <input type="checkbox"/> | Opened at <input type="text"/> psid<br>Did not open <input type="checkbox"/><br>open <input type="checkbox"/> | Held at <input type="text"/> psid<br>Closed Tight <input type="checkbox"/><br>Leaked <input type="checkbox"/> | Opened at <input type="text"/> psid<br>Did not open <input type="checkbox"/><br>Did it fully open (Yes <input type="checkbox"/> / No <input type="checkbox"/> ) | Held at <input type="text"/> psid<br>Leaked <input type="checkbox"/> |
| Repairs and Materials Used**   | Main: <input type="text"/><br>Bypass: <input type="text"/>  |   |   |   |   |  |
| <b>Test After Repair</b><br>Date: <input type="text"/><br>Time: <input type="text"/> | Held at <input type="text"/> psid<br>Closed Tight <input type="checkbox"/>                                    | Held at <input type="text"/> psid<br>Closed Tight <input type="checkbox"/>                                    | Opened at <input type="text"/> psid   | Held at <input type="text"/> psid<br>Closed Tight <input type="checkbox"/>                                    | Opened at <input type="text"/> psid   | Held at <input type="text"/> psid                                    |

\*\*\* 2<sup>nd</sup> check: numeric reading required for DCVA only

|                                   |                                   |  |
|-----------------------------------|-----------------------------------|--|
| Differential pressure gauge used: | Potable: <input type="checkbox"/> | Non-Potable: <input type="checkbox"/>          |
| Make/Model: <input type="text"/>  | SN: <input type="text"/>          | Date tested for accuracy: <input type="text"/> |

|          |  |
|----------|--|
| Remarks: |  |
|          |  |
|          |  |

|                  |   |
|------------------|---|
| Company Name:    | Licensed Tester Name (Print/Type):            |
| Company Address: | Licensed Tester Name (Signature):             |
| Company Phone #: | BPAT License # <input type="text"/>           |
|                  | License Expiration Date: <input type="text"/> |

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

\* TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS [30 TAC §290.46(B)]

\*\* USE ONLY MANUFACTURER'S REPLACEMENT PARTS

# Moore Water Supply Corporation

## PUCT Info

### SB 3

Staff Education; Tariff, Bylaws, Website

Educate Customers; Refer to Website

Inventory; CPL and MEC Applications for Critical Infrastructure and Land Descriptions

Install; Backflow Preventer Letter for Non-Standard Customers

Critical Asset List; Ray Kallio, Frio County Emergency Manager, 101 N. Commerce Ste. 111, Dilley, Tx. 78017; Medina Electric Cooperative, PO Box 49, Dilley, Tx. 78017; CPL Business, PO Box 660749, Dallas, Tx. 75226.

CSI; Albert Gomez, License # CI0010399

Records; Office, 628 W FM 462, Moore, Tx. 78057

Puc  
well 4

## APPLICATION FOR CRITICAL LOAD STATUS -

### PART ONE:

To be completed by the member. All information is required.

Member name on account: Moore Water Supply Corp

Member account number: 1702558

Service address (found on your electric bill):

960 CR 1515

Moore Tx. 78057

Mailing address:

PO Box

Moore

Member primary phone number:

830 663-6344

Member alternate phone number:

830 355-1397

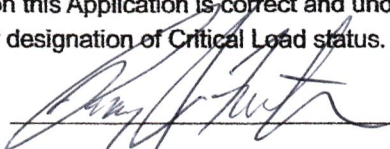
Member primary email:

moorewsc@gmail.com

Member alternate email (if any):

### MEMBER:

The undersigned, on behalf of the member, has read and understood the information and certifies that the information provided on this Application is correct and understands the information will be used to determine whether the member is eligible for designation of Critical Load status.

Signature: 

Date: 10/26/21

Printed name: Ray Freitas

Title: Secretary/Treasurer

## APPLICATION FOR CRITICAL LOAD STATUS -

### PART TWO:

To be completed by the member. All information is required.

#### Critical load designation category:

(Please select the most applicable category and subcategory, if applicable)

☐ **Public safety**

A member for whom electric service is considered crucial for the protection or maintenance of public safety, including but not limited to hospitals, police stations, fire stations, and critical water and wastewater facilities.

\*Texas Department of State Health Services license number required

☐ Hospital-- trauma center\*

☐ Hospital -- with surgery or emergency treatment\*

☐ Licensed day surgery\*

☐ Licensed emergency care\*

☐ Licensed dialysis clinic\*

☐ Licensed birthing clinic\*

☐ Licensed skilled nursing facility\*

☐ Licensed unskilled nursing facility\*

☐ Licensed assisted living facility\*

☐ Hospice services facility\*

☐ Major or regional airport

☐ Emergency alert system primary or secondary transmitter

☐ 9-1-1 center

☐ Police

☐ Fire

☒ Water/sewage deemed critical -- note that some community water and waste facilities may qualify, however, not all individual wells, sewer lift stations etc. qualify as critical

☐ Flood control

☐ Other (explain)

☐ **Industrial**

An industrial member for whom an interruption or suspension of electric service will create a dangerous or life-threatening condition on the member's premises.

☐ **Natural gas infrastructure**

A member that supports natural gas-fired generation, including gas control center or gas compressor plant.

**Please provide detail for consideration of Critical Load status  
and attach supporting information for consideration.**

# APPLICATION FOR CRITICAL LOAD STATUS -

## PART ONE:

To be completed by the member. All information is required.

Member name on account: Moore Water Supply Corp

Member account number: 1702559

Service address (found on your electric bill):

405 CR 2518

Moore Tx. 78057

Mailing address

PO Box

Moore

Member primary phone number:

830 663-6344

Member alternate phone number:

830 355-1397

Member primary email:

moorewsc@gmail.com

Member alternate email (if any):

## MEMBER:

The undersigned, on behalf of the member, has read and understood the information and certifies that the information provided on this Application is correct and understands the information will be used to determine whether the member is eligible for designation of Critical Load status.

Signature: 

Date: 10/26/21

Printed name: Ray Freitas

Title: Secretary/Treasurer



## APPLICATION FOR CRITICAL LOAD STATUS -

### PART TWO:

To be completed by the member. All information is required.

#### Critical load designation category:

(Please select the most applicable category and subcategory, if applicable)

☐ **Public safety**

A member for whom electric service is considered crucial for the protection or maintenance of public safety, including but not limited to hospitals, police stations, fire stations, and critical water and wastewater facilities.

\*Texas Department of State Health Services license number required

☐ Hospital – trauma center\*

☐ Hospital – with surgery or emergency treatment\*

☐ Licensed day surgery\*

☐ Licensed emergency care\*

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☐ Licensed birthing clinic\*

☐ Licensed skilled nursing facility\*

☐ Licensed unskilled nursing facility\*

☐ Licensed assisted living facility\*

☐ Hospice services facility\*

☐ Major or regional airport

☐ Emergency alert system primary or secondary transmitter

☐ 9-1-1 center

☐ Police

☐ Fire

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☐ Other (explain)

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and attach supporting information for consideration.**

## APPLICATION FOR CRITICAL LOAD STATUS -

### PART ONE:

To be completed by the member. All information is required.

Member name on account: Moore Water Supply Corp

Member account number: 1566070004

Service address (found on your electric bill):

1886 CR 2537

Moore Tx. 78057

Mailing address (if different than service address):

PO Box 126

Moore Tx. 78057

Member primary phone number:

830 663-6344

Member alternate phone number:

830 355-1397

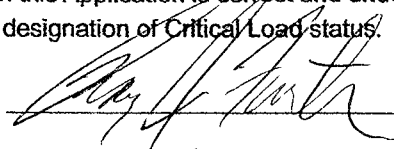
Member primary email:

moorewsc@gmail.com

Member alternate email (if any):

### MEMBER:

The undersigned, on behalf of the member, has read and understood the information and certifies that the information provided on this Application is correct and understands the information will be used to determine whether the member is eligible for designation of Critical Load status.

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To be completed by the member. All information is required.

Member name on account: Moore Water Supply Corp

Member account number: 1566070005

Service address (found on your electric bill):

628 W FM 462

Moore Tx. 78057

Mailing address (if different than service address):

PO Box 126

Moore Tx. 78057

Member primary phone number:

830 663-6344

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Member primary email:

moorewsc@gmail.com

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