



LAWN SPRINKLER IRRIGATION APPLICATION

FEE: \$75.00

Incomplete applications will not be accepted.

City Received Date Stamp

PLEASE PRINT/TYPE

Property Address: _____

Property Owner: _____ Phone _____

ALL CONTRACTORS MUST BE REGISTERED WITH THE CITY OF PARKER

Contractor: _____

Address: _____

Contact Name: _____ Email: _____

Business Phone: _____ Mobile Number: _____ Fax: _____

TYPE OF BACK FLOW PREVENTION DEVICE: _____

Cost of all labor and Materials \$ _____

INSPECTOR WILL NOT DO FINAL UNTIL BACKFLOW CERTIFICATE IS ON FILE AT CITY HALL.

NOTICE: AN ISSUED PERMIT BECOMES INVALID IF THE WORK ON THE SITE AUTHORIZED BY THE PERMIT DOES NOT COMMENCE WITHIN 180 DAYS OF ISSUANCE... I HEREBY CERTIFY THAT I AM AN AUTHORIZED AGENT OF THE OWNER...

Original signature required. Paperwork must be submitted at City Hall.

For City Use Only: Fee Paid \$ _____ Cash [] Check [] # _____ CC [] Received by _____ City Registration Expiration Date: _____



BACKFLOW REPORT

City Received Date Stamp

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 *purposes:

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

NAME OF PWS: City of Parker PWS I.D. #: 0430045

LOCATION OF SERVICE: _____

PROPERTY OWNER: _____

The backflow prevention assembly detailed below has been tested and maintained as required by TCEQ 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

For City Use Only: City Registration Expiration Date: _____
