EST. 1955
SPRING VALLEY
VILLAGE

Community Development
City of Spring Valley Village

BUILDING PERMIT APPLICATION (IRRIGATION)

PROPERTY/OWNER INFORMATION			
Project Address:	Master Permit#:		
Owner Name:	Phone#:		
Owner Address:			
Legal Description:	Lot#:	Block#:	Tract#:

CONTRACTOR/ENGINEER/ARCHITECT INFORMATION	
Contractor Name:	Phone#:
Contractor Address:	
Email:	License#:

PROJECT INFORMATION

Class of Work: ☐ New ☐ Addition ☐ Alteration ☐ Repair

Flood Zone: ☐ AE (100-Year) ☐ Floodway ☐ X-Shaded (500-Year) ☐ X (No Flood Zone)

Describe Work:

	Quantity		Quantity
☐ Lawn Irrigation System	_____	☐ Sprinkler Head	_____
☐ Backflow Prevention Device	_____	☐ Valves	_____

PROPERTY OWNER/AGENT AUTHORIZATION

Property Owner Consent/Agent Authorization: By my signature, I hereby affirm that I am the property owner of record, or if the applicant is an organization or business entity, that authorization has been granted to represent the owner, organization or business in this application. I certify that the preceding information is complete and accurate, and it is understood that I agree to the application being requested for this property. Additionally, my signature below indicates my awareness of the fee required at the time of the application submittal and any additional fees as noted in the City's fee schedule. This fee is non-refundable even in the event of application withdrawal. I have the power to authorize and hereby grant permission for City of Spring Valley Village officials to enter the property on official business as part of the application process. Separate applications need to be made and permits required for driveway, electrical, ventilating or air conditioning work.

Signature of Contractor/Authorized Agent | Printed Name | Application Date

FOR OFFICE USE ONLY

Building Permit Number: _____ Date Submitted: _____

Approved By: _____ Date Approved: _____

CITY OF SPRING VALLEY VILLAGE

1025 CAMPBELL ROAD
HOUSTON, TEXAS 77055
Phone 713-465-8308 or Fax 713-461-7969

BACKFLOW PREVENTION ASSEMBLY
CERTIFIED TEST REPORT
TEST AND MAINTENANCE REPORT*

ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

Name of Property Owner: _____

Property Address: _____

City: _____Zip: _____ Key Map # _____ Phone # _____

Mailing Address _____ Contact Person _____

THE BACKFLOW PREVENTION ASSEMBLY DETAILED HEREON HAS BEEN TESTED AND MAINTAINED AS REQUIRED BY TCEQ-CHAPTER 290, RULES AND REGULATIONS FOR PUBLIC WATER SYSTEMS, SPRING VALLEY STANDARD PLUMBING CODE, AND IS CERTIFIED TO COMPLY WITH THE REQUIRMENTS.

TYPE OF ASSEMBLY

__ REDUCED PRESSURE PRINCIPLE (RP)
__ PRESSURE VACUUM BREAKER (PVB)
__ DOUBLE CHECK VALVE (DCV)
__ REDUCED PRESSURE PRINCLIPLE-DETECTOR (RPD)
__ SPILL-RESISTANT PRESSURE VACUUM BREAKER (SVB)

MANUFACTURER _____ MODEL # _____

SIZE: _____ SERIAL NUMBER _____

LOCATED AT _____ DATE INSTALLED _____

REDUCED PRESSURE PRINCIPLE ASSEMBLY				PRESSURE VACUUM BREAKER & SVB	
	DOUBLE CHECK VALVE ASSEMBLY		RELIEF VALVE	AIR INLET	CHECK VALVE
	CHECK VALVE #1	CHECK VALVE #2			
INITIAL TEST	D.C. CLOSED TIGHT __ RP _____ PSI LEAKED _____	CLOSED TIGHT ___ _____ PSI LEAKED _____	OPENED AT _____ PSI DID NOT OPEN ___	OPENED AT _____ PSI DID NOT OPEN ____	HELD AT _____ PSI LEAKED _____
REPAIRS** AND MATERIAL USED					
FINAL TEST	D.C.CLOSED TIGHT __ RP _____ PSI	CLOSED TIGHT ___ _____PSI	OPENED AT _____ PSI	OPENED AT _____ PSI	HELD AT _____ PSI

TEST GAUGE USED: MAKE/MODEL: _____ S/N: _____ CALIBRATION DATE _____ (Tested Annually)

Remarks: _____

THE ABOVE TEST IS CERTIFIED TO BE TRUE, (The test results reflect the soundness of the assembly at testing time only.)

BACKFLOW TEST STATUS ___ PASS ___ FAIL

CT'S FIRM NAME: _____ CERTIFIED TESTER: _____

FIRM ADDRESS: _____ CERTIFIED TESTER NO. _____

FIRM PHONE #_____ TEST DATE: _____

* TEST REPORTS MUST BE KEPT FOR AT LEAST THREE YEARS.
TESTING IS REQUIRED FOR ALL BACKFLOW PREVENTION ASSEMBLIES UPON INSTALLATION (NEW, AND/OR REPLACEMENT.)
** USE ONLY MANUFACTURER'S REPLACEMENT PARTS