IRRIGATION Permit Application

PERMIT #

CITY OF WOODWAY
Community Services Dept.
924 Estates Drive
Woodway, Texas 76712
phone: (254) 772-4050
fax: (254) 399-6518
permits@woodwaytexas.gov

THIS SECTION FOR STAFF USE ONLY

RECEIVED BY:_____ **DATE/TIME:**_____ **APP COMPLETE?** ☐Y ☐N *(explain)*
NOTE:_____

1st REVIEW	**2nd REVIEW** *(if needed)*	**PERMIT FEES**
DATE:_____	**DATE:**_____	
BY:_____	**BY:**_____	**TOTAL FEE: $**_____
☐**APPROVED** ☐**DENIED**		☐CASH ☐CK_____ ☐CC___
NOTE: _____		DATE PD:_____ RCPT:_____

OWNER/ TENANT INFORMATION

PROJECT ADDRESS: _____
PROPERTY OWNER: _____
MAILING ADDRESS: _____ CITY/ST/ZIP: _____
PHONE: _____ ALT PHONE: _____ EMAIL: _____

CONTRACTOR INFORMATION

COMPANY: _____ CONTACT: _____
ADDRESS: _____ CITY/ST/ZIP: _____
PHONE: _____ ALT PHONE: _____ FAX: _____
EMAIL: _____
INSTALLER/TESTER LICENSE: _____ EXPIRES: _____
INSTALLER NAME: _____

PROJECT INFORMATION:

☐ NEW INSTALLATION ☐ REPAIR TO EXISTING SYSTEM

TYPE OF IRRIGATION SYSTEM:

☐ BELOW GROUND, SURFACE LAWN SPRINKLER SYSTEM --- # OF HEADS: _____

☐ SUBSURFACE LAWN IRRIGATION DRIP SYSTEM --- # OF LATERALS: _____

☐ COMBINATION SPRINKLER/DRIP SYSTEM --- # OF HEADS/LATERALS: _____

TYPE OF BACKFLOW PREVENTION SYSTEM PROVIDED:

_____

- Allow three (3) - five (5) business days for your application to be processed.
- Upon approval, permit fees must be paid within 180 calendar days or the application may be considered void and require resubmittal. The permit is not valid until full payment is received.
- Upon approval and payment, permit is valid for 180 days. If permit expires, an extension may be granted with a written request. If work does not commence within the 180 days or is suspended, the permit becomes null and void. No refunds will be given for expired permits.

APPLICANT SIGNATURE: _____ DATE: _____

REVIEW NOTES (FOR STAFF USE)

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 WOODWAY
PWS ID#:	1550048
PWS MAILING ADDRESS:	924 ESTATES DRIVE, WOODWAY, TX 76712
PWS CONTACT PERSON:	MITCH DAVISON
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 PASS ☐ FAIL ☐	Reduced Pressure Principle Assembly (RPBA)			Type II Assembly	PVB & SVB	
	DCVA					
	1st Check	2nd Check***	Relief Valve	Bypass Check	Air Inlet	Check Valve
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

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

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:	

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