



IRRIGATION Permit Application

PERMIT #

THIS SECTION FOR STAFF USE ONLY

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

RECEIVED BY: DATE/TIME: APP COMPLETE? Y N (explain)

NOTE:

1st REVIEW 2nd REVIEW (if needed)

DATE: DATE:

BY: BY:

APPROVED DENIED

NOTE:

PERMIT FEES

TOTAL FEE: \$

CASH CK CC

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:

DOUBLE CHECK VALVE (DCV) REDUCED PRESSURE CHECK VALVE (RPCV)

- 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.
Upon approval and payment, permit is valid for 180 days. If permit expires, an extension may be granted with a written request.

APPLICANT SIGNATURE: DATE:

REVIEW NOTES (FOR STAFF USE)



**CITY OF WOODWAY
BACKFLOW PREVENTION
INSPECTION & TEST RECORD**

Community Services and Development
924 Estates Dr., Woodway, TX 76712

CUSTOMER INFORMATION

BUSINESS/SERVICE NAME: _____
 CONTACT NAME: _____
 SERVICE ADDRESS: _____
 CITY/STATE/ZIP: _____
 METER NUMBER: _____

BACKFLOW DEVICE INFORMATION

ASSEMBLY TYPE: REDUCED PRESSURE PRINCIPLE REDUCED PRESSURE PRINCIPLE-DETECTOR
 DOUBLE CHECK VALVE DOUBLE CHECK - DETECTOR
 PRESSURE VACUUM BREAKER SPILL-RESISTANT PRESSURE VACUUM BREAKER

MANUFACTURER: _____ MODEL: _____

SERIAL #: _____ SIZE: _____ LOCATION: _____

DOMESTIC IRRIGATION FIRELINE

ASSEMBLY INSTALLED IN ACCORDANCE WITH MANUFACTURER RECOMMENDATIONS & LOCAL CODES? _____

REDUCED PRESSURE PRINCIPLE OR DOUBLE CHECK VALVE ASSEMBLY

INITIAL TEST	1ST CHECK	2ND CHECK	RELIEF VALVE
<input type="checkbox"/> PASS	HELD AT _____ PSID	HELD AT _____ PSID	<input type="checkbox"/> OPENED AT _____ PSI
<input type="checkbox"/> FAIL	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> DID NOT OPEN
	<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	

PRESSURE VACUUM BREAKER

AIR INLET	CHECK VALVE
<input type="checkbox"/> OPENED AT _____ PSI	HELD AT _____ PSID
<input type="checkbox"/> DID NOT OPEN	<input type="checkbox"/> LEAKED

REPAIRS & MATERIALS: _____

INITIAL TEST	1ST CHECK	2ND CHECK	RELIEF VALVE	AIR INLET	CHECK VALVE
<input type="checkbox"/> PASS	HELD AT _____ PSID	HELD AT _____ PSID	<input type="checkbox"/> OPENED AT _____ PSI	<input type="checkbox"/> OPENED AT _____ PSI	HELD AT _____ PSID
<input type="checkbox"/> FAIL	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> DID NOT OPEN	<input type="checkbox"/> DID NOT OPEN	<input type="checkbox"/> LEAKED
	<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED			

BACKFLOW INSPECTOR INFORMATION

TEST GAUGE USED:
 Make/Model: _____ SN: _____ Last Calibrated Date: _____
 Certified Tester Name (print): _____ Cert. Tester #: _____

THE ABOVE INFORMATION IS CERTIFIED TO BE TRUE

Certified Tester Signature: _____ Date: _____