

## LAWN SPRINKLER IRRIGATION APPLICATION

City Received Date Stamp

FEE: \$75.00

Incomplete applications will not be accepted.

Property Address:								
Property Owner:	perty Owner:Phone							
ALL CONTRACTO	RS <i>MUST</i> BE REGISTE	ERED WITH THE CITY OF PARKER	₹					
Contractor:								
Address:								
Contact Name:	Email:							
Business Phone:	Mobile Number:Fax:							
Cost of all labor and Materi	als \$	OW CERTIFICATE IS ON FILE A						
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## **BACKFLOW REPORT**

City Received Date Stamp	
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**

		.0.1. 2011				0.7		.,	, <b>.</b>		
NAME OF PW	S: <u>City</u>	of Parker	P\	NS I.D. #	±: <u>0430</u>	<u>045</u>					
LOCATION OF	SERV	ICE:									
PROPERTY O	WNER:	:									
The backflow poertified to be o						ed and mai	intain	ed as requ	uired by	TCEQ reg	gulations an
TYPE OF ASS	EMBLY	<b>/</b> : □ Red	duced Pres	ssure Prir	nciple	☐ Reduc	ed Pi	ressure Pr	inciple-	Detector	
		☐ Do	uble Check	k Valve		☐ Double	e Che	eck-Detect	tor		
		☐ Pre	ssure Vac	uum Brea	aker	☐ Spill-R	esist	ant Pressı	ure Vac	uum Break	er
Manufacture	r:					Size:					
Model Numb	er:					Located A	At:				
Serial Number	er:										
Is the assemb	ly insta	lled in accor	dance with	manufac	cturer reco	mmendatio	ns ar	nd/or local	codes?	□ Yes I	□ No
	Reduc	ed Pressure	Principle /	Assembly	/			Pressu	ıre Vacı	uum Break	er
	Do	uble Check \	/alve Asse	embly	Relief	Valve		Air Inlet	t	Check	. Valve
	1 <sup>st</sup>	Check	2 <sup>nd</sup> Ch	neck							
Initial Test		it psid │ d Tight □	Held at Closed Ti	•	Opened a Did not op	t psid		ned at not open	psid	Held at _ Leaked	psid
	Leake	•	Leaked		Dia not of	еп 🗆	Dia i	not open	Ш	Leakeu	
Repairs and Materials Used**											
Test After Repair	H	t psid d Tight □	Held at Closed Ti	•	Opened a	t psid	Ope	ned at	psid	Held at _	psid
Test gauge	<u> </u>	-	<u>'</u>	<del>-</del>	JI		<u>II</u>			<u> </u>	
Make/Mode			Ś	SN:			Dat	te tested	for acc	uracv:	
Remarks:	-			•-					. 5. 400	aoj.	
	ſ		The abov	ve is cer	tified to be	e true at th	ne tin	ne of test	ing.		
Firm Name:				С	Certified Te	ster Name	(Prin	t/Type):			
Firm Address	3:			С	Certified Te	ster Name	(Sign	nature):			
Firm Phone #	<b>#</b> :			С	Cert. Tester	No.:			Date of	of Test:	

For City Use Only: City Registration Expiration Date:

<sup>\*</sup> TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS

<sup>\*\*</sup> USE ONLY MANUFACTURER'S REPLACEMENT PARTS