



# 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@woodwaytexas.gov](mailto:permits@woodwaytexas.gov)

RECEIVED BY: _____ DATE/TIME: _____ APP COMPLETE? <input type="checkbox"/> Y <input type="checkbox"/> N (explain)	
NOTE: _____	
<u>1st REVIEW</u>	<u>2nd REVIEW (if needed)</u>
DATE: _____	DATE: _____
BY: _____	BY: _____
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	
NOTE: _____	

PERMIT FEES	
TOTAL FEE: \$ _____	
<input type="checkbox"/> CASH <input type="checkbox"/> CK _____ <input type="checkbox"/> 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 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: \_\_\_\_\_



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 \*onpurposes:

NAME OF PWS:	CITY OF WOODWAY
PWS ID#:	1550048
PWS MAILING ADDRESS:	924 ESTATES DRIVE, WOODWAY, TX 76712
PWS CONTACT PERSON:	MITCH DAVIDSON
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):			
<input type="checkbox"/>	Reduced Pressure Principle (RPBA)	<input type="checkbox"/>	Reduced Pressure Principle-Detector (RPBA-D) Type II <input type="checkbox"/>
<input type="checkbox"/>	Double Check Valve (DCVA)	<input type="checkbox"/>	Double Check-Detector (DCVA-D) Type II <input type="checkbox"/>
<input type="checkbox"/>	Pressure Vacuum Breaker (PVB)	<input type="checkbox"/>	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:	Now <input type="checkbox"/>	Existing <input type="checkbox"/>	Replacement <input type="checkbox"/>	Old Model/Serial #
Is the assembly installed in accordance with manufacturer recommendations and/or local codes?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is the assembly installed on a non-potable water supply (auxiliary)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

TEST RESULT	Reduced Pressure Principle Assembly (RPBA)			Type II Assembly	PVB & SVB	
	DCVA		Relief Valve	Bypass Check	Air Inlet	Check Valve
	1 <sup>st</sup> Check	2 <sup>nd</sup> Check***				
<b>PASS</b> <input type="checkbox"/> <b>FAIL</b> <input type="checkbox"/>						
<b>Initial Test</b> Date:   Time:	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"/>	Held at _____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ psid Did not open <input type="checkbox"/> Did it fully open (Yes <input type="checkbox"/> / No <input type="checkbox"/>	Held at _____ psid Leaked <input type="checkbox"/>
Repairs and Materials Used**	Main:   Bypass:					
<b>Test After Repair</b> Date:   Time:	Held at _____ psid Closed Tight <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/>	Opened at _____ psid	Held at _____ psid Closed Tight <input type="checkbox"/>	Opened at _____ psid	Held at _____ psid

\*\*\* 2<sup>nd</sup> check: numeric reading required for DCVA only

Differential pressure gauge used:	Potable: <input type="checkbox"/>	Non-Potable: <input type="checkbox"/>
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