



CITY OF HEATH

200 Laurence Dr.
Heath TX 75032

972-771-6228 – Main City Number
469-273-4015 - Fax
972-961-4897 – Inspection

IRRIGATION PERMIT APPLICATION

Permit # _____ - _____
Amount Paid \$ _____
Check # _____
Date Paid ____/____/____
Picked Up By: _____
Receipt # _____

PROPERTY OWNER INFORMATION

Date:		Name of Owner:	
Permit Address:			
Current Legal Description:	Block/Abstract:	Lot/Tract:	Addition/Survey:

IRRIGATION CONTRACTOR INFORMATION

First Name: or Company Name:		Middle:		Last Name:	
Address:		City:		State:	Zip:
Phone:	Fax:	Email:		Mobile:	

BACKFLOW PREVENTION CONTRACTOR INFORMATION

First Name:		Middle:		Last Name:	
Company Name:		Heath Reg #			
Address:		City:		State:	Zip:
Phone:	Fax:	Email:		Mobile:	

PERMIT / PROJECT INFORMATION

Property Use: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	Construction Value:
I have the owner's consent to perform this work? <input type="checkbox"/> YES <input type="checkbox"/> NO	Briefly describe work to be done:

The following guidelines apply for this permit:

- 1) Irrigation system must be installed in accordance with TCEQ requirements and the City of Heath Ordinance(s).
- 2) Irrigation system must be tested by a licensed Backflow Prevention Assembly Tester who is registered with City of Heath.
- 3) **Irrigation Final Inspection with Backflow Test Report must be returned to City of Heath in person or faxed to 469-273-4015 and passed before use.**
- 4) Permit and inspection fee is based on valuation of construction. *(re-inspection fees may be assessed as necessary)*
- 5) If property has private sewer system (OSSF), attach a copy of Layout Drawing for Irrigation including Septic tanks and leach field.

This permit is issued on the basis of information furnished in this application and on any submitted plans, and is subject to the provisions and requirements of the City of Heath Codes and any applicable Ordinance. If any information is found to be untrue or incomplete this permit may be canceled and all construction order stopped until a new permit is issued. I am the owner or the duly authorized agent of the above property. I agree to comply with all Codes and Ordinance of the City of Heath. Permission is hereby granted to enter the premises to make inspections.

Applicant Signature:	Date:
Printed Name:	Application Received By:



CITY OF HEATH
200 LAURENCE DRIVE
HEATH, TEXAS 75032

PHONE 972-771-6228 FAX 469-273-4015

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the City of Heath for record keeping purposes:

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

Name of PWS: CITY OF HEATH

PWS I.D. # : 1990014

MAILING ADDRESS: 200 LAURENCE DRIVE

CONTACT PERSON: _____

LOCATION OF SERVICE: _____

The backflow prevention assembly detailed below has been tested and maintained as required by TCEQ regulations and is certified to be operating within acceptable parameters.

TYPE OF ASSEMBLY

Reduced Pressure Principle Reduced Pressure Principle-Detector Double Check Valve
Double Check-Detector Pressure Vacuum Breaker Spill-Resistant Pressure Vacuum Breaker

Manufacturer _____ Size _____

Model Number _____ Located At _____

Serial Number _____

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? _____

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
Initial Test	Held at _____psid DC-Closed Tight ____ Leaked _____	Held at _____psid DC-Closed Tight ____ Leaked _____	Opened at _____psid Did not open _____	Opened at _____psid Did not open _____	Held at _____psid Leaked _____
Repairs and Materials Used					
Test After Repair	Held at _____psid Closed Tight ____	Held at _____psid Closed Tight ____	Opened at _____psid	Opened at _____psid	Held at _____psid

Test gauge used: Make/Model: _____ SN: _____ Calibration Date: _____

Remarks: _____

The above is certified to be true at the time of testing.

Firm Name: _____ Certified Tester _____

Firm Address: _____ Cert. Tester No. _____

Firm Phone # _____ Date of Test _____

****TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS****