

LAWN SPRINKLER MINIMUM REQUIREMENTS

- 1) Permit is required and installation must be performed by one of the two parties:
 - a) State licensed, insured Master Plumber or Irrigator.
 - b) Homeowner(s) who have completed required city paperwork.
- 2) All Irrigation plans must be sealed by a Texas Licensed Irrigator.
- 3) A certification (as referenced in Item 8 below) shall be provided to the City Inspector at the time of the required trench cover-up inspection.
- 4) No lateral lines or sprinkler heads may be located within a City right-of-way.
- 5) Minimum Schedule 40 PVC pipe is required from the water meter to system control valves.
- 6) As a minimum, an in-line testable backflow device is required on the customer side of the meter. It shall be installed downstream of the last control valve at least six-inches (6") above the level of the highest sprinkler head.
- 7) If a double check type back pressure backflow preventer is used it must be equipped with a full-flow valve(s) and test cock(s).
- 8) If injector type fertilizer/insecticide/chemical feeder is used, a reduced pressure zone backflow preventer (RPZ) assembly [with a full-flow valve(s) and test cock(s)] is required.
- 9) Certification of installation is required on all backflow preventive devices.
 - a) A certification certificate shall be provided to the City upon installation of the device. This certificate should be provided to the City Inspection Services Division for forwarding to the Public Works Department.
 - b) If an RPZ is used, the initial installation certificate is required and an annual certificate shall be provided to the City annually. The initial certificate shall be supplied to the Inspection Services Division as referenced above but the annual certificates shall be supplied directly to the City's Public Works Department - 2963 N. 23rd Street, Attn. Water Superintendent @ #281-471-9650.
- 10) Installation of commercial and residential lawn sprinkler systems shall comply with manufacturer installation requirements and the city's current plumbing code. (*All protective devices shall be installed in an accessible location to allow for inspection and maintenance and to isolate the sprinkler system from all other piping in the system.*)
- 10) Pressure water lines must be a minimum 12" deep and lateral lines a minimum of 6" deep.

City of La Porte
Backflow Prevention Assembly
Certified Test and Maintenance Report



Planning and Inspections
Fax (281) 470-5005

Public Works Department
Fax (281) 470-5129

PWS ID # 1010018

NAME OF PROPERTY:	INSTALLATION
PROPERTY ADDRESS:	NEW INSTALLATION <input type="checkbox"/>
MAILING ADDRESS:	ANNUAL RETEST <input type="checkbox"/>
CONTACT PERSON:	REPLACEMENT <input type="checkbox"/>
PHONE NO.:	(Please check one)

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

TYPE OF ASSEMBLY

- | | |
|--|--|
| <input type="checkbox"/> REDUCED PRESSURE PRINCIPLE (RP) | <input type="checkbox"/> REDUCED PRESSURE PRINCIPLE - DETECTOR |
| <input type="checkbox"/> DOUBLE CHECK VALVE (DCV) | <input type="checkbox"/> DOUBLE CHECK - DETECTOR |
| <input type="checkbox"/> PRESSURE VACUUM BREAKER (PVB) | <input type="checkbox"/> SPILL-RESISTANT PRESSURE VACUUM BREAKER (SVB) |

MANUFACTURER _____ MODEL# _____ SERIAL NO. _____ SIZE _____
LOCATED AT: _____ DATE INSTALLED _____

	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER AND SVB	
	DOUBLE CHECK VALVE ASSEMBLY		RELIEF VALVE	AIR INLET	CHECK VALVE
	CHECK #1	CHECK #2			
INITIAL TEST	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"/>	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>	HELD AT _____ PSID LEAKED <input type="checkbox"/>
REPAIRS AND MATERIALS USED					
FINAL TEST	HELD AT _____ PSID CLOSED TIGHT <input type="checkbox"/>	HELD AT _____ PSID CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____ PSID	OPENED AT _____ PSID	HELD AT _____ PSID

TEST GAUGE USED:
MAKE / MODEL _____ SERIAL NO. _____ CALIBRATION DATE _____

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

REMARKS
THE ABOVE IS CERTIFIED TO BE TRUE, (The test results reflect the soundness of the assembly at testing time only)

CERTIFIED TESTER'S FIRM NAME _____ CERTIFIED TESTER (please print) _____

TESTING FIRM'S ADDRESS _____ CERTIFIED TESTER (signature) _____

_____ CERTIFIED TESTER NO. _____

PHONE NUMBER () _____ WQC - ENGINEER _____

_____ TEST DATE _____

- ***please fill out form completely
 ***test reports must be retained for at least three years
 ***testing is required upon installation, repair, or relocation
 ***TESTING IS REQUIRED ANNUALLY FOR HIGH HEALTH HAZARD LOCATIONS