

City of Meadowlakes
Application for Residential Landscape Irrigation System

Date _____ Irrigation Company _____

Irrigator's name & license # _____

Phone No. _____

Property Owner _____

Address: _____

Telephone No.: _____

Installation Address _____

Type of backflow preventer to be installed _____

For office use only:

Date Received _____

Permit# _____

Permit is not valid until payment is made in full to the City of Meadowlakes. Irrigation Companies are required to furnish to City of Meadowlakes the names of all licensed irrigators along with their STATE license number.

Final Inspection (date) _____ City Representative _____

Comment:

PERMIT FEES AND PROCEDURES

To request an inspection, please contact city hall at 830-693-6840. Any request submitted before 4 p.m. will be done the next business day.

Inspections fees are to be paid with the permit application. The permit fee includes one inspection. Any additional inspections and/or re-inspections will be billed separately by the City. The inspections are as follows:

Irrigation inspections: The inspection of the irrigation system will be done upon completion of the installation of the system and after a successful test of the backflow preventer (if required).

IRRIGATION PERMITS: (Residential)

Permit Fee: \$ 35

When the application for the permit is submitted the following items should be included:

1 set of plans

\$35.00 application fee

Copy of irrigator's license issued by the State of Texas

Upon completion of the installation of the irrigation system please call city hall for an inspection and submit the enclosed irrigation permit verification form to city hall along with a completed test of the backflow preventer (if required)

City of Meadowlakes

Irrigation Permit Verification Form

This form is to verify that the Licensed Irrigator has conducted the "final walk-through" with the owner of the irrigation system.

Each item on the checklist must be initialed and the form signed by both parties.

Address: _____ Permit No.: _____

Irrigation System Final Checklist:

- ____ Completed "final walk-through" with the owner of the irrigation system.
- ____ Completed maintenance checklist containing the owner's signature.
- ____ Provided the manufacture's manual for automatic controllers, seasonal Watering schedule, and a list of components that require maintenance with the recommended frequency of service.
- ____ Attached to the controller is a permanent sticker containing the irrigator's name, license number, contact information, and dates of the warranty period.
- ____ Provided a plan to the irrigation owner documenting the location of all the installed parts of the irrigation system

By signing below, the Licensed Irrigator acknowledges that: "This irrigation system has been installed in accordance with all applicable state laws, ordnances, rules, regulations or orders. I have tested the system and determined it has been installed according to the Irrigation Plan and is properly adjusted for the most efficient application of water at this time."

Irrigation System Owner

Licensed Irrigator

City of Meadowlakes

New irrigation system checklist

Plans submitted for review for new irrigation systems must contain the following:

- A State of Texas licensed irrigator stamp on the drawing with signature and date
- Plans must be drawn to scale with scale type designated
- Water pressure (both static pressure and design operating pressure)
- North directional arrow
- Statement that all piping will be buried a minimum of 6" below grade
- Statement on the plan; "This irrigation system has been designed in accordance with all applicable state and local laws, ordinances, rules, regulations or orders."

Plans shall include the location of the following:

- Water meter (include size of meter)
- Backflow prevention device (include type of device to be installed).
- Isolation valve
- Master valve (if installed, must be on outflow side of backflow device)
- Zone valves
- Freeze and rain sensors (not allowed on fences)
- Pressure reducing valve (if required)
- Main and lateral lines
- Controller (include controller type and manufacturer)

Plans shall clearly identify the following:

- Separate zones (include zone # and pipe size)
 - Water flow measurements for each zone (*gallons per minute flow rate)
 - Both graphic (throw arches) and written (5', 10', 15', Full, Quarter, Half, Variable)
- Spray coverage for each spray head
- Type of controller and sensors
 - Type of wiring used to each automatic valve (add statement that "all wiring must be rated for direct burial")
 - Types of heads used (rotary, full spray etc.)
 - Pipe types and sizes for both main and lateral lines

* The flow rate shall not exceed the maximum capacity of the water meter

NOTE: A paper or electronic copy of the irrigation plan must be on the job site at all times during the installation of the irrigation system.

City of Meadowlakes
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 *purposes:

NAME OF PWS:	City of Meadowlakes
PWS ID#:	0270036
MAILING ADDRESS:	177 Broadmoor Meadowlakes, Texas 78654
CONTACT PERSON:	Mike Williams
LOCATION 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 ASSEMBLY:**
- | | |
|---|--|
| <input type="checkbox"/> Reduced Pressure Principle | <input type="checkbox"/> Reduced Pressure Principle-Detector |
| <input type="checkbox"/> Double Check Valve | <input type="checkbox"/> Double Check-Detector |
| <input type="checkbox"/> Pressure Vacuum Breaker | <input type="checkbox"/> 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? Yes No

	Reduced Pressure Principle Assembly		Relief Valve	Pressure Vacuum Breaker	
	Double Check Valve Assembly			Air Inlet	Check Valve
	1 st Check	2 nd Check			
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**					
Test After Repair	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:		SN:		Date tested for accuracy:	
Remarks:					

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

Firm Name:		Certified Tester Name (Print/Type):	
Firm Address:		Certified Tester Name (Signature):	
Firm Phone #:		Cert. Tester No.:	
		Date of Test:	

* TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS
 ** USE ONLY MANUFACTURER'S REPLACEMENT PARTS