



CITY OF FRIENDSWOOD
COMMUNITY DEVELOPMENT DEPARTMENT
 910 S. Friendswood Dr., Friendswood, TX 77546
 Phone: 281-996-3201 Fax: 281-996-3260
 Email: permits@friendswood.com

IRRIGATION PERMIT APPLICATION \$75

\$10 permit issuance fee

Date: _____

1. PROPERTY INFORMATION

Job Address: _____

Owner/Occupant/Business: _____

Phone Number: _____

Job Description: _____ Value \$: _____

2. CONTRACTOR INFORMATION

Business Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____ Cell: _____

Email Address: _____

3. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

Texas Commission on Environmental Quality requires the connection of a landscape irrigation system to a water supply be performed by a licensed irrigator, a licensed installer, or an individual within sight of and under the direct control of a licensed irrigator.

PRINT NAME: _____ LICENSE # _____

SIGNATURE: _____ DATE: _____

Approved By	Date	PERMIT NO.
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IRRIGATION DRAWING REQUIREMENTS

- Show location of water meter
- Show location of backflow protection device
- Show location of rain sensor
- Provide gallons per minute for each zone
- Provide a compass or north arrow
- All plans to have a State of Texas Licensed Irrigator stamp (wet seal)

DO YOU WANT A SEPARATE WATER METER FOR IRRIGATION?

1. Contact the Utility Billing Department for water billing rates 281-996-3232.
2. A licensed master plumber applies for a separate plumbing permit to install the water meter using either a “tee” fitting **OR** a new water tap. Contact the Public Works Department for installation requirements 281-996-3380.
3. The homeowner then submits a Utility Service Connection application and purchases the water meter.



**Texas Commission on Environmental Quality
Form TCEQ-20700 - Instructions**

General Instructions:

The purpose of form TCEQ-20700 Backflow Prevention Assembly Test and Maintenance Report (T&M Form) is to document the results of testing a backflow prevention assembly. The form can be completed in one of two ways:

1. The form can be printed and completed by hand, or
2. The form can be completed electronically through an electronic medium (tablet, laptop computer, etc.). The yellow areas on the form can be completed electronically.

NOTE: The form is intended to be completed on-site while testing is occurring. If the form is completed electronically, the electronic device must also be on-site for proper use of this form.

The form must be printed and signed by the Licensed Tester that performed the work, unless TCEQ approved electronic recording keeping is in use. The hardcopy original must be provided to the Public Water System (PWS) as specified in ***Title 30 of the Texas Administrative Code 290.44(h)(4)(c).***

Specific Instructions:

Please follow the instructions below when completing form TCEQ-20700:

1. Check boxes: If completing the form electronically, all check boxes can be selected to make the desired indication. Selecting a box will insert an “X” in the box.
2. When performing the test, if the “Initial Test” yields acceptable results, do not complete the “Repairs and Materials Used**” or “Test After Repairs” rows on the form.
3. Remarks: If completing the form electronically, the “Remarks” section of the form is expandable, which means the final report can be more than one page. All pages of the T&M Report must be submitted to the water system.
4. Testing completed by a licensed tester must be documented on one form. Any follow-up testing performed by a different tester must be documented on a separate form.

Things to remember:

1. Differential pressure gauges:
 - a. In order to prevent contamination, gauges used on potable water backflow prevention assemblies must **not** be used to test non-potable backflow prevention assemblies.
 - b. Gauges need to be tested for accuracy annually and that date plus the serial number and other gauge information must be correctly recorded on the form. This allows Public water systems to ensure that the gauges are in compliance.
2. Annual testing of backflow prevention assemblies (those installed to protect against health hazards) or differential pressure gauges is to occur no more than 12 months from the last test date.
3. A tester’s license is based on the testing procedures described in the University of Southern California’s 10th edition manual. These procedures are expected to be used when testing backflow prevention assemblies.
4. Type II assemblies: This form can only accommodate a Type II assembly with a single check bypass.

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 Friendswood
PWS ID#:	0840002
PWS MAILING ADDRESS:	910 S Friendswood Dr. Friendswood, TX 77546
PWS CONTACT PERSON:	Steve Vavrecka
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:	New <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 st Check	2 nd Check***				
PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	Held at _____ psid	Held at _____ psid	Opened at _____ psid	Held at _____ psid	Opened at _____ psid	Held at _____ psid
Initial Test	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Did not open <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Did not open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Date: _____ Time: _____	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not open <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did it fully open (Yes <input type="checkbox"/> /No <input type="checkbox"/>)	Leaked <input type="checkbox"/>
Repairs and Materials Used**	Main: _____ Bypass: _____					
Test After Repair	Held at _____ psid	Held at _____ psid	Opened at _____ psid	Held at _____ psid	Opened at _____ psid	Held at _____ psid
Date: _____ Time: _____	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>		Closed Tight <input type="checkbox"/>		

*** 2nd 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



City of Friendswood

Backflow Prevention Device Statement of Acknowledgement

I, _____, state that to the best of my knowledge, my backflow prevention device is assessed as a “Non-health” hazard according to table 1 or 2 of the City of Friendswood Ordinance T2008-26, i.e. an **irrigation system** without a fertilizing system. Please inactivate my backflow prevention record for the address indicated below to reflect my exemption from the annual testing requirement.

Backflow Prevention Device has been removed.

Street Address: _____

Signature

Date