



## IRRIGATION CHECKLIST

### Minimum Design Requirements- Texas Administrative Code Title 30 Ch. 344.61

1. Irrigation plans must be legible and drawn to scale.
2. A legible valid irrigators seal, signature, date signed and license number.
3. Physical features: Trees, slopes and impervious surfaces, sidewalks, driveways, fences, wells, on-site sewage facilities, buildings and flower beds.
4. North Arrow.
5. Legend.
6. Boundaries of area to be irrigated and areas not to be irrigated clearly identified.
7. Zone flow measurements for each zone.
8. Location of controller(s).
9. Location and type of sensors used (e.g. rain and freeze sensors).
10. Location, type and size of water source(s.)
11. Location, type and size of water emission devices.
12. Location, type and size of the backflow prevention assembly.
13. Location, type and size of all valves (e.g. isolation valve, master valve, or zone valve)
14. Location, type and size of pressure regulating components.
15. Location, type and size of main and lateral pipe material.
16. Design pressure calculation indicating operating pressure with total pressure losses to the water source. Provide hydraulic calculations indicating pressure at the largest and furthest zones from the water source.



# TOWN OF FAIRVIEW PERMIT APPLICATION

# \_\_\_\_\_

Project Address \_\_\_\_\_ Subdivision/Lot/Block \_\_\_\_\_

Scope of Your Work \_\_\_\_\_

Property Owner (Name, Phone, & Email) \_\_\_\_\_

General /Project Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Electrical Sub-Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_ Email \_\_\_\_\_

Plumbing Sub-Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_ Email \_\_\_\_\_

Mechanical Sub-Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_ Email \_\_\_\_\_

Fire Suppression Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_ Email \_\_\_\_\_

Fire Alarm Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_ Email \_\_\_\_\_

*WHEREAS the Town, therefore, desires to grant to Republic Services the right to operate as the sole provider for Town-provided services of collection, transportation, and disposal of residential, commercial, and industrial (both permanent and temporary) Garbage and Trash, Construction and Demolition Debris, and Recycling, subject to the terms of this Contract. Additional questions, service requests and concerns, should be directed to the Republic Services at 972-422-2341 or via their website at [RepublicServices.com/Customer-Support](http://RepublicServices.com/Customer-Support).*

## PROJECT INFORMATION

**Type of Building:**  Residential  Commercial Valuation of work \$: \_\_\_\_\_

**Type of Permit:**  HVAC  Electrical  Plumbing  Irrigation  Re-Roof  Solar panels  Cell Tower/Antennas

Swimming Pool (Please list your registered Electrician & Plumber)  Spa Only  Pool Demo  Other \_\_\_\_\_

### FEES:

|                       |          |                          |                 |
|-----------------------|----------|--------------------------|-----------------|
| PLAN REVIEW FEES      | \$75.00  | SWIMMING POOL PERMIT FEE | \$225.00        |
| HVAC PERMIT FEE       | \$100.00 | SPA ONLY                 | \$50.00         |
| ELECTRICAL PERMIT FEE | \$100.00 | POOL DEMO PERMIT FEE     | \$100.00        |
| PLUMBING PERMIT FEE   | \$100.00 |                          |                 |
| REROOF PERMIT FEE     | \$75.00  |                          |                 |
| IRRIGATION PERMIT FEE | \$200.00 | <b>GRAND TOTAL</b>       | <b>\$ _____</b> |

### Note: Please allow 7-10 business days for processing

The undersigned applicant hereby declares that the above facts are true and correct and that the construction proposed herein will be performed in conformity with existing regulations as pertain to building and zoning as passed by the Town Council of the Town of Fairview, Texas. **MUST MEET CODES. SUBJECT TO FIELD INSPECTIONS.**

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TOWN APPROVED \_\_\_\_\_ PLAN REVIEW DATE \_\_\_\_\_

PICKUP SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**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.

**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:         |  |
| PWS ID#:             |  |
| PWS MAILING ADDRESS: |  |
| PWS CONTACT PERSON:  |  |
| 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)  |
| <input type="checkbox"/> | Double Check Valve (DCVA)         | <input type="checkbox"/> | Double Check-Detector (DCVA-D)                |
| <input type="checkbox"/> | Pressure Vacuum Breaker (PVB)     | <input type="checkbox"/> | Spill-Resistant Pressure Vacuum Breaker (SVB) |

|                |  |               |  |
|----------------|--|---------------|--|
| Manufacturer:  |  | Size:         |  |
| Model Number:  |  | BPA Location: |  |
| Serial Number: |  | 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<br><br>PASS <input type="checkbox"/><br><br>FAIL <input type="checkbox"/> | Reduced Pressure Principle Assembly (RPBA)  |   |  | PVB & SVB   |  |
|---|---|---|--|---|--|
|   | DCVA  |   | Relief Valve   | Air Inlet   | Check Valve  |
|   | 1 <sup>st</sup> Check   | 2 <sup>nd</sup> Check****   |  |   |  |
| <b>Initial Test</b><br>Date:<br>Time:   | Held at ____ psid<br>Closed Tight <input type="checkbox"/><br>Leaked <input type="checkbox"/> | Held at ____ psid<br>Closed Tight <input type="checkbox"/><br>Leaked <input type="checkbox"/> | Opened at ____ psid<br>Did not open <input type="checkbox"/> | Opened at ____ psid<br>Did not open <input type="checkbox"/><br><br>Did it fully open<br>(Yes <input type="checkbox"/> /No <input type="checkbox"/> | Held at ____ psid<br>Leaked <input type="checkbox"/> |
| Repairs and Materials Used**  |   |   |  |   |  |
| <b>Test After Repair</b><br>Date:<br>Time:  | Held at ____ psid<br>Closed Tight <input type="checkbox"/>                                    | Held at ____ psid<br>Closed Tight <input type="checkbox"/>                                    | Opened at ____ psid  | 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