



**LANDSCAPE SPRINKLER PERMIT
FOR BACKFLOW PREVENTION ASSEMBLY INSTALLATION
425-771-0235, EXTENSION 1644, FAX 425-744-6057
PURPOSE: TO PROTECT THE DRINKING WATER SUPPLY!
To insure potential contaminated water will not re-enter into the drinking water supply system.**

- **PROPERTY OWNER / BUSINESS NAME:** _____
- SERVICE ADDRESS:** _____ **PHONE:** _____
- MAILING ADDRESS:** _____
- **CONTRACTOR:** _____ **PHONE:** _____
- MAILING ADDRESS:** _____
- DATE APPLIED:** _____ **PERMIT FEE:** NO CHARGE

PLEASE ATTACH DRAWING OF PROPOSED SYSTEM SHOWING POINT OF CONNECTION TO WATER SYSTEM
AND BACKFLOW PREVENTION ASSEMBLY LOCATIONS

PUT A CHECK NEXT TO TYPE OF ASSEMBLY YOU ARE INSTALLING FROM THE LIST BELOW

	CHECK BOX
Double Check Valve Assembly (DCVA)	
Double Check Detector Assembly (DCDA)	
Reduced Pressure Principal Assembly (RPBA)	
Reduced Pressure Principal Detector Assembly (RPDA)	
Pressure Vacuum Breaker Assembly (PVBA)	
Atmospheric Vacuum Breaker(s) (AVB) (No test Required)	

NOTE: (Step procedures below)

- 1) ALL INSTALLED BACKFLOW PREVENTION ASSEMBLIES CONNECTED TO THE CITY OF EDMONDS WATER SUPPLY MUST BE PROPERLY INSTALLED AND SHALL BE MODELS INCLUDED ON THE CURRENT LIST OF BACKFLOW ASSEMBLIES, APPROVED FOR INSTALLATION IN WASHINGTON STATE.**
- 2) THE CITY'S CROSS-CONNECTION CONTROL INSPECTOR MUST DO A VISUAL INSPECTION BEFORE YOU HAVE ASSEMBLY TESTED. TO MAKE INSPECTION APPOINTMENT CALL 425-771-0235, EXTENSION 1644 AT LEAST 24 HOURS IN ADVANCE.**
- 3) ASSEMBLY TESTING MUST BE DONE BY A STATE CERTIFIED BACKFLOW ASSEMBLY TESTER AT THE TIME OF INSTALLATION, AFTER REPAIRS, RELOCATION OF ASSEMBLY, AND ANNUALLY THEREAFTER.**
- 4) TESTER SHALL FORWARD ALL PERMITS AND BACKFLOW ASSEMBLY TESTS REPORTS TO THE EDMONDS WATER DIVISION ATTENTION JEFF KOBYLK AT 7110 – 210TH ST SW EDMONDS, WA 98026 OR FAX THEM TO 425-744-6057. FAILURE TO COMPLY MAY RESULT IN TERMINATION OF WATER SERVICE TO PREMISES.**

PERMIT EXPIRES 90 DAYS AFTER DATE OF ISSUANCE
FOR OFFICE USE ONLY

PLAN APPROVED BY: _____

DATE FIELD INSPECTION DONE: _____

DATE ASSEMBLY TEST RESULT RECEIVED: _____

DATE OF FINAL APPROVAL: _____