

IRRIGATION PERMIT APPLICATION

The City has adopted the 2012 International Codes

Inspections call
(816) 690-3773 Ext. 1007
return application to:
buildingofficial@cityofoakgrove.com

FEE \$25

Applied date: _____ Permit Number: _____

Project Address: _____ Lot: _____

Commercial: _____ Residential: _____ Multi-Family # of Units: _____

New Construction: _____ Repair: _____ Replace: _____ Other: _____

Scope of Work: _____

PROPERTY OWNER

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email address: _____

APPLICANT INFORMATION

Applicant Name: _____ Company Name: _____

Owner: _____ Contractor: _____ Architect: _____ Engineer: _____ Other: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Business License #: _____

"All new water service connections shall protect the public water system against backflow by installing an approved device commensurate with the degree of hazard in the service line in accordance with Section 700.250. Major modifications or major additions to water systems shall be considered to be new service lines or systems for purposes of this Section."

- Application for a permit and payment of proper fees must be made prior to commencement of work or the fee will be 3 times the amount of the permit fee.
- Permits are valid for 180 days and must be posted in visible location.
- It shall be the duty of the person doing the work authorized by a permit to assure that all required inspections are scheduled and approved by the City Inspectors. Furthermore, it shall be the duty of the person requesting the inspection to provide access to and means for inspection of the work. The individual who signs this application assumes all responsibility and liability for all work performed as specified herein. Businesses must obtain a current City of Oak Grove Business License prior to beginning any project.

SEE REVERSE SIDE OF PAGE.

AFFIDAVIT: I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations in the Codes adopted by the City of Oak Grove and all applicable ordinances.

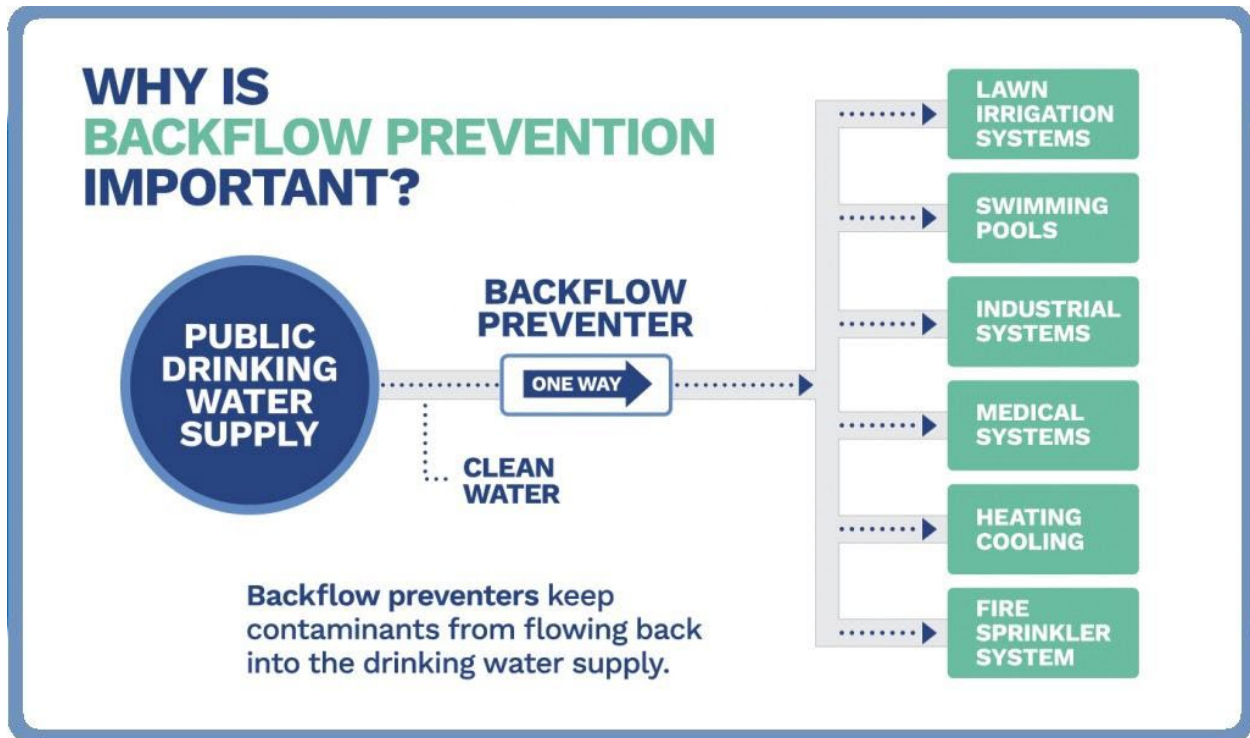
Applicant Name Printed: x _____

Applicant Signature: x _____ **Date:** _____

Codes Official Printed: x _____

Codes Official Signature: x _____ **Date:** _____

Backflow Information

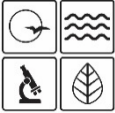


Per Missouri Department of Natural Resources (DNR) and Section 700.300 of the City Code, if your facility or home has a backflow prevention assembly installed on the main service line the assembly should be tested annually. A list of qualified backflow assembly testers for this area are listed in the green margin on the left. The tester will provide you with a copy of the test report (also listed in the green margin on the left) and should forward a copy of the completed test report to the City of Oak Grove at backflow@cityofoakgrove.com. Please include your water account number and location on the report as well as the other requested information.

The backflow prevention assembly protects the public drinking water supply from the potential of a reversal in the normal direction of water flow, referred to as “backflow”. Backflow can result in the contamination of the entire water system.

The assembly can be installed at the water meter or inside the location called “premise isolation” for the protection of the public drinking water supply. It does not provide protection against any internal plumbing hazards that may exist within your facility or premise.

Thank you for helping protect your community’s drinking water supply. Please contact us if you have any questions or concerns regarding your backflow at 816-690-3773 ext 1008 or backflow@cityofoakgrove.com.



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM – PUBLIC DRINKING WATER BRANCH
**BACKFLOW PREVENTION ASSEMBLY TEST DATA AND
 MAINTENANCE REPORT**

FOR OFFICE USE ONLY
PROJECT ID NUMBER
DATE RECEIVED

CUSTOMER INFORMATION

CUSTOMER		CUSTOMER NUMBER			FILE NUMBER
MAILING ADDRESS					
SERVICE LOCATION					METER NUMBER
DATE OF TEST	TIME: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	SUPPLY PRESSURE _____ LBS.	AIR GAP (2 x SUPPLY DIAM.) SUPPLY _____ IN	GAP _____ IN	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY	MANUFACTURER	MODEL	SIZE	SERIAL NUMBER	
HEIGHT OFF FLOOR	PROTECTION FROM: FREEZING COMMENTS: <input type="checkbox"/> YES <input type="checkbox"/> NO			FLOODING <input type="checkbox"/> YES <input type="checkbox"/> NO	
					NEW INSTALLATION <input type="checkbox"/> YES <input type="checkbox"/> NO

INITIAL TEST	Passed	Failed	FINAL TEST AFTER REPAIR	Passed	Failed
REDUCED PRESSURE PRINCIPLE ASSEMBLY	<input type="checkbox"/> P	<input type="checkbox"/> F	REDUCED PRESSURE PRINCIPLE ASSEMBLY	<input type="checkbox"/> P	<input type="checkbox"/> F
RELIEF VALVE OPENED AT _____*PSID (2 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F	RELIEF VALVE OPENED AT _____*PSID (2 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F
2 nd CHECK held backpressure	<input type="checkbox"/> P	<input type="checkbox"/> F	2 nd CHECK held backpressure	<input type="checkbox"/> P	<input type="checkbox"/> F
NO. 2 SHUTOFF VALVE leak tight 1 st	<input type="checkbox"/> P	<input type="checkbox"/> F	NO. 2 SHUTOFF VALVE leak tight 1 st	<input type="checkbox"/> P	<input type="checkbox"/> F
CHECK held in direction of flow _____ *PSID (5 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F	CHECK held in direction of flow _____ *PSID (5 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F
DIFFERENCE 1 st check – relief _____ *PSID (3 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F	DIFFERENCE 1 st check – relief _____ *PSID (3 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F

NOTE: Failure of any of the above items requires repair *Pounds per Square inch Differential

INITIAL TEST	Passed	Failed	FINAL TEST AFTER REPAIR	Passed	Failed
DOUBLE CHECK VALVE ASSEMBLY:	<input type="checkbox"/> P	<input type="checkbox"/> F	DOUBLE CHECK VALVE ASSEMBLY:	<input type="checkbox"/> P	<input type="checkbox"/> F
1 st CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F	1 st CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F
2 nd CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F	2 nd CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F

NOTE: Failure of any of the above items requires repair

APPLICATION: <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> FIRE LINE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER (EXPLAIN)	COMMENTS:
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Missouri State regulation 10 CSR 60-11.010(6) (E) requires testers to report results of tests and inspections to the customer and the water supplier.

THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE

TESTED BY (PRINT)	(SIGNATURE)
PREPARED BY (PRINT)	(SIGNATURE)
FINAL TEST BY (PRINT)	(SIGNATURE)
COMPANY	
CERTIFICATION NUMBER AND EXPIRATION DATE	OWNER OR OWNER'S REPRESENTATIVE
	DATE