

City of Prescott Municipal Water Utility

Lawn Irrigation Application

Date _____

Applicant Name: _____

Address: _____

Phone #: _____

Owner's Name: _____

Owner's Phone #: _____

Service Address: _____

Owner's E-Mail Address: _____

Plumber/Address: _____

Plumbers must be certified by the State of Wisconsin.

Wisconsin Plumbers Certification Number: _____

Irrigation System

Installer/Address: _____

Lawn Irrigation Service

____ New

____ Existing

Type of Backflow Device: _____

Size, Make and Model: _____

Wisconsin certified backflow device tester: Name _____

Tester Certification Number: _____

Test Results: Provide copy to City Hall within 24 hours of test.

(Water cannot be turned on to irrigation system if backflow device is not tested, registered and approved.)

Size of Service Pipe: ½" ___ 3/4" ___ 1" ___ 1 ½" ___ 2" ___ 3" ___ 4" ___ 6" ___

Type of Service Pipe: _____

Size of Meter: ___ 5/8"(25GPM) ___ 3/4"(32GPM) ___ 1"(55GPM) ___ 1 ½"(120GPM)
___ 2"(160GPM) ___ 3"(550GPM) ___ 4"(880GPM)

Notice: No installation of any meter or water service, and location of same, shall be allowed without the prior approval of the Municipal Water Utility Director or duly authorized representative of the Prescott Municipal Water utility.

The attached sheet shows a typical meter installation. These guidelines for meter installations shall be adhered to along with Prescott municipal Water Utility Technical Specifications for water main and service construction. All persons now receiving a water supply from the Prescott Municipal Water Utility, or who may hereafter make application, shall be considered as having agreed to be bound by the rules and regulations as filed with the Public Service Commission of Wisconsin and the Wisconsin Department of Natural Resources.

Signature of Applicant: _____ Date _____

Approved By: _____ Date _____

Comments: