



Town of Holly Springs
 128 South Main Street
 Holly Springs, NC 27540
 (919) 557-3915 · Fax (919) 557-7551

Permit # _____
Date Entered _____

Irrigation Application - Residential

Directions-Please fill out all blanks as required. Make sure the authorized signature for each trade is either the license holder or a current signature authorization (valid for 12 months) is on file with the Town of Holly Springs Code Enforcement Dept.

All reinspection fees will be required to be paid, in full, prior to scheduling next inspection. If more than one trade is listed, the company listed as the General Contractor will be responsible for payment.

Residential Irrigation: \$75.00
3/4" Second Meter: \$326.25
Split Tap 3/4 inch service: \$900.00

Lot Number _____ Subdivision _____ Phase _____

Site Address _____

Owner _____

Owner Address _____

Cost of Work Performed: \$ _____

Disclosure: By typing/signing your name you are confirming that you are the North Carolina state license holder or an authorized agent. Authorized agent is defined as written permission submitted to the Town of Holly Springs by the license holder naming you as having permission to sign on their behalf.

Landscape/Irrigation Co. License Holder _____ Phone _____

Address _____ NC State License # _____

Email _____ Authorized Signature _____

Plumbing Contractor _____ Phone _____

Address _____ NC State License # _____

Email _____ Authorized Signature _____

Backflow Tester Name _____ Phone _____

Address _____ Certificate # _____

Email _____ Authorized Signature _____

***Backflow Tester's Certificate must be attached to this application.**

- A licensed plumbing or utility contractor must install the line from the meter base to the backflow as well to be certified to perform backflow testing or a separate backflow tester is required.
- The Test & Maintenance report must be completed and kept with permit card, turned into the office or attached to the yolk prior to inspection.

Applicant Signature _____ Date _____

Contact _____ Phone _____ Email _____



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Office Use Only

Date Entered

Backflow Test and Maintenance Report

Customer _____

Street Address _____

Location of Assembly _____

Type Of Assembly: RP DC PVB Size: _____

Manufacturer: _____ Model: _____ Serial No: _____

Relief Valve	Check Valve #1	Check Valve #2	Pressure Vacuum Breaker
Opened At _____ PSID Buffer _____ PSID Did Not Open	Leaked Closed Tight Diff. Pressure Across Check Valve _____ PSID	Leaked Closed Tight Diff. Pressure Across Check Valve _____ PSID	Air Inlet Opened At _____ PSID Did Not Open Check Valve: Leaked Held At _____ PSID
Cleaned Only Replaced: Rubber Kit RV Assembly	Cleaned Only Replaced: Rubber Kit RV Assembly	Cleaned Only Replaced: Rubber Kit RV Assembly	Cleaned Only Replaced: Rubber Kit RV Assembly
Opened At _____ PSID Buffer _____ PSID	Closed Tight _____ PSID	Closed Tight _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID
Shut Off Valve #1 Leaked Closed Tight		Shut Off Valve #2 Leaked Closed Tight	

Note: All Repairs Must Be Completed Within Thirty Days.

Remarks: _____

I hereby certify that at the date and time of the test indicated, this data is accurate and reflects the proper operation and Maintenance of the assembly per current industry standards. I also certify that the #1 and #2 shutoff valves have been left in the fully opened position.

Initial Test By: _____ Certified Tester #: _____ Date: _____
 Repaired By: _____ Certified Tester #: _____ Date: _____
 Final Test By: _____ Certified Tester #: _____ Date: _____

Domestic Fire Lawn Irrigation New Test Recertification Test

Water Meter Number: _____ Plumbing Permit Number: _____

Test Kit Differential Electronic Line Pressure: _____

Test Kit Mfg. / Model No. / Serial No./ Calibration Due Date: _____

Cert. Number: _____ Print Name: _____

Phone: _____ Signature Of Tester: _____

Email: _____ Time of Day: _____ AM PM