



Contractor's Test Certificate Lawn Sprinkler System

PROCEDURE Upon completion of work, inspections and test shall be made by the licensed plumber and witnessed by an owner's representative. All defects shall be corrected before contractor's personnel leave the job. A certificate shall be filled out and signed by both representatives. Copies shall be prepared for Illinois Department of Public Health, owner, and contractor and submitted to the Illinois Department of Public Health within 30 days after completion of the test.

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|--|------------------------|
| <i>Printed Property Name (complete name must be included)</i> | Date (Required) |
|--|------------------------|

*Printed Property Address (complete street, city, state and ZIP code **must** be included)*

INSTRUCTIONS: Have copies of appropriate instructions and care and maintenance charts been left on premises? Yes No
If no, explain:

| | Make | Model | Quantity |
|----------------------------------|------|-------|----------|
| SPRINKLERS (Required) | | | |
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|--------------------------------|-----------------|---|------|---------------|----------------|
| THESE ARE REQUIRED INFORMATION | STATIC PRESSURE | GPM Per Largest Zone | | | |
| | WATER SOURCE | <input type="checkbox"/> Public Water System <input type="checkbox"/> Well <input type="checkbox"/> Other | | | |
| | PIPE | Type of Pipe: <input type="checkbox"/> Copper <input type="checkbox"/> PVC <input type="checkbox"/> Poly Ethylene | | | |
| | FITTINGS | Type of Fittings: <input type="checkbox"/> Copper <input type="checkbox"/> PVC <input type="checkbox"/> Insert | | | |
| | PUMP | Manufacturer <input type="checkbox"/> Yes <input type="checkbox"/> No If, Yes, Name and Size | | | |
| | RPZ | Manufacturer | Size | Serial Number | Date Inspected |

| | |
|---|---|
| <i>Printed Name of Installing Irrigation Contractor</i> | Contractor's Registration Number (starts 060-) |
|---|---|

Printed Name of Installing Licensed Plumber

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|---|----------------------------------|--------------------------|------|
| ORIGINAL SIGNATURES AND DATES ONLY (REQUIRED) | Property Owner or Representative | Title | Date |
| | For Irrigation Contractor | Title | Date |
| | Licensed Plumber | Plumber License # | Date |

TEST CERTIFICATE FEE \$25.00 FOR CONTRACTOR'S TEST CERTIFICATE. DO NOT SEND CASH Attach a check or money order, payable to the Illinois Department of Public Health.

TEST CERTIFICATE FEES ARE NONREFUNDABLE

Return Original to: Illinois Department of Public Health
Office of Health Protection
Plumbing Program
525 W. Jefferson St., 3rd Floor
Springfield, IL 62761
Telephone 217-524-0791 • TTY (hearing impaired use ONLY) 800-547-0466

NOTICE TO PROPERTY OWNERS:

RPZ valves must be tested and certified annually as specified in Section 890.1130 of the Illinois Plumbing Code.

Important Notice

This State Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under the Illinois Plumbing Code. Disclosure of this information is mandatory pursuant to 77 IL Admin., Code 892.50. Failure to provide this form may result in suspension, denial or revocation of the Irrigation Contractor Registration. This form has been approved by the Forms Management Center.