



## 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.

<i>Printed Property Name (complete name <b>must</b> be included)</i>	<b>Date (Required)</b>
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*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
<b>SPRINKLERS (Required)</b>			

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>	<b>Contractor's Registration Number (starts 060-)</b>
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*Printed Name of Installing Licensed Plumber*

ORIGINAL SIGNATURES AND DATES ONLY (REQUIRED)	Property Owner or Representative	Title	Date
	For Irrigation Contractor	Title	Date
	Licensed Plumber	<b>Plumber License #</b>	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.