



Department of Building Safety

101 4th St E, Hastings, MN 55033

Phone: 651-480-2342

Email: Building@Hastingsmn.gov

www.hastingsmn.gov

Irrigation Handout

This handout is a compilation of some of the standard requirements based on the State Building Code and City Ordinance for projects of this type. This information packet does not contain all the specific codes for construction and should only be used as a guide. The permittee is responsible to meet all code requirements applicable to each project.

Submittals:

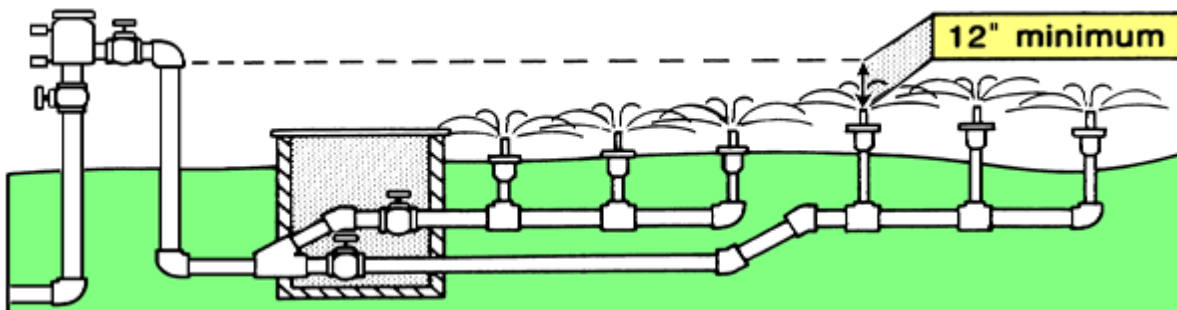
- ☐ Irrigation Application

Required Inspections:

- ☐ Final (after backflow testing report has been submitted)

Typical Requirements for Irrigation:

- ☐ Lawn irrigation requires a licensed Plumbing contractor to install the backflow preventer.
- ☐ A licensed Technology Systems contractor is required to install the irrigation controller.
- ☐ Potable water shall be protected by an approved backflow device. i.e. (PVB) Pressure Vacuum Breaker
- ☐ Systems equipped with a pump or capable of chemical injection shall be protected with a Reduced-Pressure principal backflow prevention device (RP) Pressure Vacuum Breaker.
- ☐ Backflow prevention devices shall be tested and tagged by a certified backflow assembly tester, upon installation, and a report submitted to the City of Hastings. (see attached)
- ☐ Tags must include the date of test, signature of tester and license number of the tester.
- ☐ Backflow testing is required to be completed annually.
- ☐ To view the Minnesota Department of Labor fact sheet for backflow devices, visit: https://www.dli.mn.gov/sites/default/files/pdf/fs_backflow.pdf
- ☐ Automatic systems require a RAIN SENSOR to inhibit operation of system during periods of sufficient moisture.
- ☐ (PVB) shall be installed a minimum of 12" above the highest sprinkler head.
- ☐ Drains for irrigation systems where a hose may be attached must be protected by an approved backflow prevention device.



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SITE ADDRESS: _____

PID#: _____

Owner Name: _____

Phone: _____

Street Address: _____

Email: _____

City: _____ State: _____ Zip: _____

Description of Project: _____ **Valuation:** \$ _____

Domestic Meter Size:

☐ 3/4"☐ 1"☐ 1.5"☐ Other-Please Specify: _____**Plumbing Contractor**☐ Owner Performed
(Owner Waiver Required)

Company/Name: _____ Phone: _____

License # _____ Exp Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

**Technology
System/Electrical
Contractor**☐ Owner Performed
(Owner Waiver Required)

Company/Name: _____ Phone: _____

License # _____ Exp Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

The undersigned acknowledges that he/she has read this application, and the above information is correct and accurate. Applicant also understands by signing this application that he/she could be held responsible as representative of this project for any violation of compliance with all applicable laws and ordinances of the City of Hastings.

Signature of Applicant or Authorized Agent_____
Date

NOTICE: This is an **application only**. Permit will be issued after City approval and payment of fees. Permit shall be null and void if authorized work is not started within 180 days or work is suspended for 180 days or more.

1" Water Service or Less Permit Fee: \$76.00
Larger than 1" Water Service Permit Fee: \$101.00

OFFICE USE ONLY

Bld Type	<input type="checkbox"/> SFD <input type="checkbox"/> Condo	<input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> Commercial		
Work Type	<input type="checkbox"/> Lawn Irrigation			
Required Inspections	<input type="checkbox"/> PVB Test Submitted <input type="checkbox"/> Final			
Fee Notes	<input type="checkbox"/> 1" or smaller <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/>	<input type="checkbox"/> > 1" <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/>		

Building Approval: _____ Date: _____



BACKFLOW PROTECTION TEST REPORT

PERMIT NO.: _____

Client Name: _____

Address: _____
Hastings, MN Phone: _____

Device Location: _____ Room Name/No.: _____

Purpose: ☐ Irrigation Other: _____

Make: _____ Model No.: _____ Size: _____ Serial No.: _____

Install Date: _____ Replacement Date: _____ Test Date: _____

- ☐ Annual Test
- ☐ Replacement**
- ☐ Removal**
- ☐ New Install**

****A PLUMBING PERMIT
IS REQUIRED FOR
THE INSTALLATION,
REMOVAL OR
REPLACEMENT OF
ALL BACKFLOW
PREVENTERS**

**Check Valve # 1:
PSI/DIFF**

- ☐ Leaked
- ☐ Closed Tight

_____ PSI

- ☐ Cleaned Unit
- ☐ Rubber Kit
- ☐ CV Assembly
- ☐ OR
- ☐ Disc
- ☐ O-rings
- ☐ Seat
- ☐ _____

**Check Valve # 2:
PSI/DIFF**

- ☐ Leaked
- ☐ Closed Tight

_____ PSI

- ☐ Cleaned Unit
- ☐ Rubber Kit
- ☐ CV Assembly
- ☐ OR
- ☐ Disc
- ☐ O-rings
- ☐ Seat
- ☐ _____

**Relief Valve:
PSI/DIFF**

- ☐ Did Not Open

Opened at
_____ PSI

- ☐ Cleaned Unit
- ☐ Rubber Kit
- ☐ CV Assembly
- ☐ OR
- ☐ Disc
- ☐ Diaphragm(s)
- ☐ Seat
- ☐ _____

Describe Additional Repairs (if needed):

Test Done By (Please Print First & Last Name):

Certificate No.: _____

Company Name:

Contractor License No.:

Company Address:

Company Phone No.:

City: _____ State: _____ Zip: _____ Contact Person/Phone No: _____

Email completed Reports to:
Building@Hastingsmn.gov