

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
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 Department of Public Health **within 30 days after completion of the test.**

<i>Printed</i> Property Name ( <b>complete name <u>must</u> be included</b> )	Date ( <b>Required</b> )
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*Printed* Property Address (**complete street, city, state and zip must be included**)

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

SPRINKLERS (Required)	Make	Model	Quantity

<b>THESE ARE REQUIRED INFORMATION</b>	STATIC PRESSURE	GPM Per Largest Zone		
	WATER SOURCE	<input type="radio"/> Public Water System <input type="radio"/> Well <input type="radio"/> Other		
	PIPE	Type of Pipe <input type="radio"/> Copper <input type="radio"/> PVC <input type="radio"/> Poly Ethylene		
	FITTINGS	Type of Fittings <input type="radio"/> Copper <input type="radio"/> PVC <input type="radio"/> Insert		
	PUMP	Manufacturer <input type="radio"/> Yes <input type="radio"/> No    If, Yes, Name and Size		
	RPZ	Manufacturer	Size	Date Inspected
		<i>Printed</i> Name of Installing Irrigation Contractor		<b>Contractor's Registration Number</b> ( <i>starts 60-, ends -01</i> )
		<i>Printed</i> Name of Installing Licensed Plumber		

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

**TEST CERTIFICATE FEE \$15.00 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, 3<sup>rd</sup> 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.**