



**CITY OF BULLARD**  
P.O. Box 107  
Bullard, Texas 75757  
PHONE 903-894-7223  
FAX 903-894-8163

**APPLICATION FOR IRRIGATION**

Application Date: \_\_\_\_\_

Address: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Estimated Cost of Project: \$ \_\_\_\_\_

**Owner Information**

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Irrigation Contractor Information**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUIREMENTS FOR IRRIGATION SYSTEM**

- MUST INSTALL BACKFLOW DEVICE
- CERTIFICATE OF INSTALLATION (WHAT KIND)
  - DOCUMENTATION OF TEST
  - PROOF OF CERTIFIED INSTALLER
  - PROOF OF CERTIFIED TESTER

Bullard Water Utilities  
 P.O. Box 107 Bullard, TX 75757  
 Ph. (903) 894-7223 Fax (903) 894-8163

Existing  
 New  
 Replacement  
 Permit # \_\_\_\_\_

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

NAME OF OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

LOCATION OF SERVICE/ASSEMBLY: \_\_\_\_\_

DATE OF TEST: \_\_\_\_\_

The backflow prevention assembly detailed below has been tested and maintained as required by TCEQ regulations and is certified to be operating within acceptable parameters.

TYPE OF ASSEMBLY  
 (circle one)

Reduced Pressure Principle  
 Double Check Valve  
 Pressure Vacuum Breaker

Reduced Pressure Principle-Detector  
 Double Check-Detector  
 Spill-Resistant Pressure Vacuum Breaker

Manufacturer \_\_\_\_\_  
 Model Number \_\_\_\_\_

Size \_\_\_\_\_  
 Serial Number \_\_\_\_\_

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? \_\_\_\_\_

Reduced Pressure Principle Assembly				Pressure Vacuum Breaker	
Initial Test	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1 <sup>st</sup> Check	2 <sup>nd</sup> Check		Opened at _____ psid	Held at _____ psid
Initial Test	Held at _____ psid Closed Tight Leaked	Held at _____ psid Closed Tight Leaked	Opened at _____ psid Did not open	DID NOT OPEN	LEAKED
Repairs & Materials					
Test After Repair	Held at _____ psid Closed Tight	Held at _____ psid Closed Tight	Opened at _____ psid	Opened at _____ psid	Held at _____ psid

Test gauge used: Make/model \_\_\_\_\_ SN: \_\_\_\_\_ Calibration Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

The Above is certified to be true at the time of testing.

Testing Firm Name: \_\_\_\_\_ Certified Tester: \_\_\_\_\_

Testing Firm Address: \_\_\_\_\_ Certified Tester No: \_\_\_\_\_

Testing Firm Phone #: \_\_\_\_\_ Certified Date: \_\_\_\_\_