



# 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: \$ \_\_\_\_\_

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### Owner Information

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

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

### Irrigation Contractor Information

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

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

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

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### 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	
	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: \_\_\_\_\_