



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 st Check	2 nd 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: _____