

Please return completed form to:
Email: env.comp@cswrgroup.com
Mail: 1630 Des Peres Road, Suite 140
Des Peres, MO 63131



Backflow Prevention Exemption Form For Commercial Customers

Section 1: Business Information

Contact Name:

Business Name:

Business Address: (City, state, zip)

Contact Person:

Phone Number:

Email Address:

Section 2: Description of Business

Please provide a description of your business and how water is used (select all that apply):

- Office
- Retail Store
- Warehouse
- Other (please specify)

Does your business have any of the following? (select all that apply):

Please note if any of the following are selected, you do not qualify for an exemption without additional documentation

- Irrigation system
- Fire suppression system
- Swimming pool or hot tub
- Boilers or cooling Towers
- Water features (i.e. fountains)
- Medical or chemical processes

Section 3: Cross Connection and Backflow Risk Assessment

Does your business have any cross – connections between potable (drinking) water and non – potable water sources?

1. Does your business use any hazardous chemicals, fertilizers, or other substances that could potentially contaminate the water supply?

2. Is your water use limited to only potable (drinking) water for standard purposes such as toilets, sinks and basic appliances?

3. Has your water system been inspected by a licensed professional to confirm there are no cross-connections?

Section 4: Acknowledgement and Declaration:

I, the undersigned, hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that should there be any changes to the water system or operations of my business that introduce a potential backflow risk, I am responsible for notifying **Central States Water Resources** and may be required to install a backflow prevention device.

I understand that this exemption request is subject to approval by the Cross Connection Control Manager and/or the relevant regulatory authority, and that the exemption may be revoked if new risks or conditions arise.

Business Owner/ Authorized Representative Name:

Title:

Signature:

Date:

Section 5: Office Use Only

- Exemption Approved
- Exemption Denied
- Additional Inspection Required

Comments:

Authorized Representative Name:

Signature:

Date: