

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)
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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?
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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: