

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 Residential Customers

Section 1: Customer Information

Contact Name:

Property Address:

Phone Number:

Email Address:

Section 2: Description of Business

Does your residence 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
- ☐ Private well
- ☐ Water features (i.e. fountains)

Section 3: Cross Connection and Backflow Risk Assessment

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

1. Do you use any fertilizers, herbicides, or other substances?

2. 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.

Property Owner/ Authorized Representative Name:

Signature:

Date:

Section 5: Office Use Only

- ☐ Exemption Approved
- ☐ Exemption Denied
- ☐ Additional Inspection Required

Comments:

Authorized Representative Name:

Signature:

Date: