

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

Section 1: Customer Information

Account Number:

Water Service Address:

Contact Name:

Business Name (if applicable):

Phone Number:

Email Address:

Section 2: Type of Building, Facility, or Property Use

Pick One:

- Residential Commercial

Section 2A: For Commercial Only

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

- Auto dealer, repair, or body shop
- Car wash
- Industrial plant
- Restaurant or retail food establishment
- Laboratory
- Laundromat
- Medical Facility: doctor, dentist, clinic, dialysis, veterinary, hospital, nursing home, etc.
- Funeral home/mortuary
- Gas station
- Beauty parlor, barbershop, nail salon
- Church with baptismal pool
- Dockside facilities/marinas
- Golf course
- Health club or fitness center
- Mobile home parks, RV parks, campgrounds
- Multi-storied buildings (over 3 floors)
- School, daycare, or university
- Other (please specify)

If you selected any box in 2a other than "Other", **STOP**. You do not qualify for an exemption and your property requires backflow prevention.

Section 3: Cross Connection and Backflow Risk Assessment

Does your property 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

- Buried irrigation or sprinkler system
- Private well
- Fire suppression system
- Swimming pool, hot tub, water features (i.e. fountains)
- Sump pump connections tied to potable water
- Boiler or pressure booster
- Use of hazardous chemicals, fertilizers, or other substances

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

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.

Owner/ Authorized Representative Name:

Title:

Signature:

Date:

Section 5: Office Use Only

- Exemption Approved
- Exemption Denied
- Additional Inspection Required

Comments:

Reviewed by:	Date reviewed:
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