Please return completed form to:
Email: env.comp@cswrgroup.com
Mail: 655 Maryville Centre Drive, Suite 200 St. Louis, MO 63141

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: