



Public Works Department
 200 East Fourth Street · Wentzville, MO 63385 · 636-327-5102 · Fax 636-327-4892

COMMERCIAL BACKFLOW WAIVER APPLICATION

Dear Commercial Water Customer,

This is the application form to submit for a backflow prevention device waiver. Please complete all blanks below, sign, date and return the completed form to the address above for review.

| | |
|---|---|
| Business Name and Address (print, please) | Contact Name and Relationship to Location |
| | |
| | Contact Number |
| | |
| Describe the type of business use(s) that is or may be conducted at the Service Address | |
| | |
| <p>I understand that the following listed uses, activities and/or hazards will disqualify this premise from waiver consideration. I also understand that the following lists are not all inclusive and additional conditions found during a site inspection may disqualify this premise from waiver eligibility. My signature below affirms that ineligible building uses and ineligible hazards listed below WILL NOT occur or exist on the premises or at any location connected to this water service should a commercial backflow waiver be approved.</p> | |
| <p>Ineligible Building Uses: Animal Care Facility, Beauty Salon, Car Wash, Chemical Research Plant, Dental/Medical Office, Dry Cleaning Facility, Fire Station, Funeral Home, Garden Center, Hospital or Healthcare Facility, Nursing Home, Industrial Building, Manufacturing Facility, Marina, Morgue, School, Sewage Treatment Plant, Sports Complex, Strip Mall</p> | |
| <p>Ineligible Hazards: Air Line Cross Connected, Boiler System, Brine Tank, Chemical Feeder, Coffee Maker with Direct Water Supply, Circulated Cooling System, Cooling Tower, Ejector Pump, Fire Standpipe or Sprinkler System, Hydraulic Equipment Connected, Ice Maker or Ice Machine, Laboratory Sink or Slop Sink, Water Closet or Toilet with Tank, Urinal, Swimming Pool, Hose Bib, Drinking Fountain or Ornamental Fountain, Lawn Sprinkler, Photostat Equipment, Primer Pump, Auxiliary Water Supply Autoclave/Sterilizer, Laboratory Equipment, Portable Tanks, Chemical Biological or Radioactive Pollutants.</p> | |

By my signature below I affirm that I have read this form and the information provided is true and accurate. I agree to notify the City promptly should any change in the nature of uses or hazards at the premise occur. I understand this premise is subject to a site inspection by the Wentzville Public Works Department prior to final determination on this application and to periodic inspections hereafter if approved.

Printed Name: _____

Title: _____

Signature: _____

Date: _____