

Account No. _____

AGREEMENT TO INSTALL BACKFLOW PREVENTER
APPLICATION FOR TEMPORARY WATER SERVICE

FOR: _____
Applicant Name (Print or Type)

ISSUE DATE: _____

D.B.A.: _____
Business Name (Print or Type)

(Authorized Agent)

Seacoast Utility Authority has a cross connection control program as mandated by Chapter 62-555, Florida Administrative Code, Palm Beach County Environmental Control Rule No. II and Seacoast Utility Authority's Uniform Water and Sewer Service Policy as adopted by the Authority Board.

All existing non-residential and master metered water services must have an approved backflow prevention device installed to provide protection from possible cross connections to the potable water distribution system. In compliance with the above stated regulations, the applicant hereby acknowledges receipt of the Seacoast Utility Authority Construction Standards and Specifications **Drawing No. 36** which indicates the approved method of installation and a list of approved backflow devices.

Installation and testing of the backflow preventer is required prior to obtaining permanent water service. The applicant is responsible for installation and upon notice of completion; Seacoast will perform the required test. Upon successful testing, the applicant hereby transfers ownership of the backflow device to the Seacoast Utility Authority for subsequent maintenance and testing including legal access to the device over the applicant's property to accomplish same.

Any questions should be directed to the Engineering Technician at (561) 627-2900 extension 1462.

I hereby acknowledge that I am the Owner or I am authorized to act on behalf of the Owner of the property to be served and also acknowledge that the temporary water service will be disconnected without further notice if the required device is not installed in a satisfactory manner within **forty-five days**.

By: _____
Applicant

Title

Service Address: _____

Mailing Address: _____

Telephone: _____

#2 Telephone: _____

Fax: _____

Email: _____

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FOR USE BY SEACOAST

BACKFLOW DEVICE

MAKE: _____

MODEL NO: _____

SIZE: _____

SERIAL NO: _____

LOC: _____

METER NO: _____