

DEKALB COUNTY DEPARTMENT OF WATERSHED MANAGEMENT 4572 MEMORIAL DRIVE DECATUR, GEORGIA 30032 (404) 687-4075 DEKALBBACKELOW@DEKALBCOUNTYGA.GOV

BACKFLOW DIVISION Backflow Prevention Assembly Installation Affidavit

Single Family Residential Irrigation System

Form must be legible.				
Date:				
Owner(s):		Phone:		
Service Address:				
Mailing Address:				
Account Number:		Irrigation Meter:	Yes No	
Device installed/to be installed: Double-check backflow preventior Atmospheric-type vacuum breaker Pressure type vacuum breaker I, the undersigned owner(s), certify the follow	ſ	te:		
 a) This is to certify that I am owner of conducted by a license contractor to b) The residential irrigation service doe other than the DeKalb County Wate c) No chemical feed systems; of any for feed systems for fertilizers, mosquit system at any time by any entity. The d) I further understand that any use of a contamination of public water supple disinfection and other incurred costs e) I further understand that if I desire the notify the County thirty (30 days) pressure Principle (RPP) backflow a f) I further understand, any non-confort water supply system pursuant to Definate fraudulent representation for use of of water to the premises to be shut or supply system by the shut or supply system be shut or supply system by the shut or	the system, backflow pre- es NOT directly or indirector system. Form including but not limit to control, weed control, or here is no inline feed system a chemical system with the ly, that I am liable for dam s by the County. He use of a chemical system rior to planed installation a assembly prior to or concu- rmance with this agreement Kalb County Code of Ordi- water pursuant to DCCO S	vention assembly, and r itly tie into any other wa ted to add in, screw on of r any other chemical; sh em installed nor will one e irrigation system that ages, legal claims by 3 ^{rn} m with the irrigation syst as well as properly insta urrent with the chemical nt constitutes risk of cor inance's (DCCO) Section Section 25-50.3 and can	elated plumbing. ater supply system or in-line concentrated all be used with the e be installed. results in the ^d parties, cost of stem, I am required to Il and test a Reduced system installation. htamination of the on 25-34 and result in the supply	
Signature of Homeowner(s)		and subscribed before		
Printed Name of Homeowner(s)		re & Seal of Notary Pu	blic	
	My Con	mission Expires:		
	For Official Us	se Only		
UCO/Dispatch notified	Tax Record Checked	ID Pro	oof of Ownership	
Received by:				
Received on:		Signature of Manager	/ Supervisor	