



Department of Public Works & Transportation  
**Water & Wastewater Services - Fiscal Operations Division**  
 2555 W. Copans Road. • Pompano Beach, Florida 33069 • 954-831-3276 • FAX 954-831-0959

**APPLICATION FOR WAIVER of BACKFLOW CERTIFICATION REQUIREMENT**

**Service Address:** \_\_\_\_\_

**Customer Number:** \_\_\_\_\_

**Meter No.:** \_\_\_\_\_ **Meter Size:** \_\_\_\_\_

This is the application form you requested. Please fill in all the blanks below, attach your non-refundable check in the amount of \$50.00 (US\$), and mail to the address shown above, attention: **Ms. Cindy Thomas.**

This application has been prepared by (Please Print)	Relationship of Preparer to Service Location
Phone number #1 of Preparer	Phone Number #2 of Preparer
Describe type of business that will be conducted at the Service Address	
<b>I understand that the following activities and/or products will disqualify any premise from Waiver consideration</b>	
Animal products or parts; brewing, distilling or bottling; car washing or waxing; chemical production or usage; medical or dental office; fertilizer production or use; film lab or processing; food or beverage production; irrigation systems; laboratories; laundry or dry cleaning; industrial manufacturing; morgues or mortuaries; nursing homes; pesticide use or storage; personal grooming services; petroleum processing or <i>storage</i> ; pharmaceutical or cosmetic production; piers or docks; schools; swimming pools; sewage treatment or processing; veterinarian services. <i>Also not eligible is any facility containing chemical, biological or radioactive pollutants; any contaminated fluids or solutions, acids, or alkalies, circulated cooling water, oils, gases, glycerin, paraffin, fire-fighting chemicals, or any other caustic or toxic fluid or substance that may regularly be in proximity to openings in the water delivery system. Multi-family units are not eligible</i>	

By my signature below I affirm that I have read this form thoroughly and that all information provided is true and accurate. I also agree to notify WWS promptly should there be a change in the nature of operations conducted at the service address shown above. **I understand that this service address is subject to a site inspection by WWS personnel prior to a final determination on this application. I understand that only a premise served by a 5/8" meter where water use is equal to or less than the water used in the typical single family home, is eligible for a waiver consideration, and that it is subject to all the terms outlined above.**

**Signed by:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Check No.** \_\_\_\_\_