



N Nolensville/College Grove Utility District
C P.O. Box 127, 2002 Johnson Industrial Blvd., Nolensville, TN 37135
G Phone No. 615-776-2511 - Fax No. 615-776-2591

2022 Year to Year Inactive Irrigation System

I hereby understand my responsibility to protect the potable water supply as follows:

1. I, the customer, shall prevent pollutants and contaminants from entering his/her potable water supply. In order to protect the water distribution system Nolensville College Grove Utility District customers shall be responsible for ensuring that no cross connections exist without approved backflow protection within his or her premises, starting at the point of service with Nolensville College Grove Utility District.
2. I, the customer, shall at my expense, cause the installation, operation, testing and maintenance of backflow prevention assemblies.

I hereby understand and agree that in order not to be required to test my Backflow Device because my system is inactive, I must comply with the following:

1. An air gap separation of at least twice the diameter of the outlet pipe but not less than one inch has been created between the outlet pipe and the possible cross connection (i.e. **The backflow device must be removed**). If a trip is made to verify that the device has been removed and it has not there will be a \$40 trip charge incurred.
2. If at any point I decide to make my system active I will **first** notify Nolensville College Grove Utility District and make arrangements to have my backflow device tested before the use of the system is permitted.
3. Nolensville College Grove Utility District will routinely monitor irrigation usage to determine compliance with this "Inactive Irrigation System" certification. **Customer noncompliance with this Certification shall make the system subject to Nolensville College Grove Utility District's backflow testing requirements**

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plus a \$500 violation fee which must be paid before water service is restored.

4. I understand that I will be charged a \$60 yearly trip charge to verify that the system is not active.
5. I understand that this form must be completed on a yearly basis.

I hereby certify that I understand and agree to all conditions as outlined above, and that since I choose not to utilize my system, this Certification will permit me not to install a backflow device.

Customer Signature: _____

Printed Name: _____

Address: _____

Phone Number: _____

Email: _____

Date: _____

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