



**INACTIVE IRRIGATION SYSTEM FORM
SUBMIT ANNUALLY TO
bsionline@backflow.com**

Property Address:
Owner:
Backflow Device SN#:
Date of Last Test:
Plumber:
Plumber's License #:

I, _____, hereby certify that I will have my RPZ (Reduced Pressure Zone) Device tested by a CCCDI (Cross Connection Control Device Inspector) prior to re-installing and operating my irrigation system and annually thereafter in compliance with Illinois state law and Wasco Sanitary District ordinances. I understand I may be fined for violations in an amount not less than one hundred dollars (\$100.00) nor more than one thousand dollars (\$1,000.00). Each day that a violation occurs or continues shall constitute a separate violation. In addition to the penalties provided herein, the District may recover reasonable attorney's fees, and other expenses of litigation.

Owner's Signature

Date

FOR WASCO SANITARY DISTRICT USE ONLY:

- RPZ REMOVED AND SYSTEM CAPPED

NOTES (LOCATION,ETC.):

Operator

Inspection Date