



Westchester Joint Water Works
Application for the Operation of an Existing
Residential Underground Irrigation System and/or Pool

Instructions: If your property has an underground irrigation system and/or pool, please complete the entire form and return. If you have neither, please complete Sections 1, 2 & 6 and return to WJWW.

Section 1: Account Information

Customer Account #: _____ - _____ - _____ Date: _____

Name of Owner: _____
Last First Middle Initial

Address: _____
Town/Village State Zip

Home Phone: _____ Cell Phone: _____ Email: _____

Section 2: Does your property have an underground irrigation system: Yes ☐ No ☐
Does your property have a swimming pool: Yes ☐ No ☐
If you answered "No" to both, please skip to Section 6.

Section 3: Description of Existing Irrigation System and/or Pool:

a. Irrigation system supplied by: Domestic line _____ Seasonal line _____ Well _____

b. Pool water supplied by: Domestic line _____ Seasonal line _____ Well _____ Delivery Truck _____

c. Does pool have a dedicated fill that provides an acceptable air gap: Yes ☐ No ☐ Don't Know ☐

d. Approximate Age: Irrigation System: _____ years Pool: _____ years

e. Name of Irrigation Service Contractor: _____

Address: _____
Town/Village State Zip

Phone: _____ Email: _____

Contractor License No.: _____ Issued by: _____

f. Irrigation System Use: Start-up Month _____ Shut-down Month _____

Days used: Sun. _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____

Start-up time: _____ am _____ pm Duration of Irrigation Cycle: _____ min.

g. Is the irrigation system: Winterized every Fall? Yes ☐ No ☐
Checked for Leaks every Spring? Yes ☐ No ☐

h. Name of Pool Service Contractor: _____

Address: _____
Town/Village State Zip

Phone: _____ Email: _____

Contractor License No.: _____ Issued by: _____

i. Is the pool system: Winterized/Covered every Fall? Yes ☐ No ☐
Checked for Leaks every Spring? Yes ☐ No ☐

Section 4: Backflow Prevention Devices:

- a. Does the irrigation system have a Backflow Prevention Device (BFD): Yes ☐ No ☐ Don't Know ☐
- b. If the property has a pool, does it have a Backflow Prevention Device (BFD): Yes ☐ No ☐ Don't Know ☐
- c. Type of irrigation system BFD in place: Single Check ___ Double Check ___ RPZ ___ Vacuum Breaker ___
Don't Know ___
- d. Type of pool system BFD in place: Single Check ___ Double Check ___ RPZ ___ Vacuum Breaker ___
Don't Know ___
- e. Name of irrigation system Certified Backflow Device Tester: _____
NYS Certification#: _____ Phone: _____ Email: _____
- f. Name of pool system Certified Backflow Device Tester: _____
NYS Certification#: _____ Phone: _____ Email: _____

Section 5: Owner's Acknowledgement

I, as the owner of the above premises, acknowledge that:

1. If my irrigation system and/or pool has an existing testable BFD (double check valve or reduced pressure zone) in place, I agree to have it tested by a certified BFD tester within 30 days and have the test results submitted to WJWW.
2. If there is no testable BFD on my irrigation system and/or pool, or if an existing BFD (double check valve or reduced pressure zone) does not pass a test by a certified tester, I will have a licensed plumber file an application with WJWW for the installation by the plumber and inspection by WJWW of an approved BFD within 60 days of the application. Please note that a fee of \$250 per backflow device application is due at time of filing.
3. Once an acceptable BFD (double check valve or reduced pressure zone) is installed by the licensed plumber and inspected by WJWW, I will be responsible to have it tested annually by a certified tester with the test results submitted to WJWW.
4. I understand that under WJWW Regulations, in addition to a testable BFD (double check valve or reduced pressure zone) a vacuum breaker alone is not an acceptable BFD and a vacuum breaker is also required on a loop in the irrigation system.

Section 6: Owner's Signature:

Property Owner (Print): _____ Date: _____

Signature: _____

Please return this completed form to: **Westchester Joint Water Works**
1625 Mamaroneck Avenue
Mamaroneck, NY 10543

Phone: (914) 698-3500 via Fax: (914) 381-0349 via Email: backflow@wjww.com

For further information on irrigation systems and backflow prevention devices, visit:
www.wjww.com

Section 7: To be completed by WJWW:

Name (Print): _____ Date: _____

Signature: _____