



**Westchester Joint Water Works**  
**Application for the Operation of an Existing**  
**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. Name of Pool Service Contractor: \_\_\_\_\_

Address: \_\_\_\_\_  
Town/Village State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor License No.: \_\_\_\_\_ Issued by: \_\_\_\_\_

g. 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.

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

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 BFD 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 BFD on my irrigation system and/or pool, or if an existing BFD 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 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, a non-testable BFD of any kind is not acceptable and that a single/dual check valve is not an acceptable BFD and that a vacuum breaker alone is not an acceptable BFD.

**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](mailto:backflow@wjww.com)**

For further information on irrigation systems and backflow prevention devices, visit:  
[www.wjww.com](http://www.wjww.com)

**Section 7: To be completed by WJWW:**

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_