



### Water Utility

4325 Evans to Locks Road, Evans, GA 30809  
P.O. Box 204660 Martinez, GA 30917-4660  
Phone (706) 863-6928

### Disinfection Backflow Preventer Assembly Application

THE UNDERSIGNED hereby agrees and contracts with Columbia County Water Utility to assume full responsibility for the Disinfection Backflow Preventer Assembly listed below; to bring the assembly in when requested for proper testing where required, to protect the entire assembly from malicious or physical damages; and to pay the total amount for the repair and/or replacement of any component or the complete assembly if required.

The applicant further understands the necessity for proper installation and restraint in order to utilize the assembly properly. All installation procedures and requirements shall be as set forth with Section 14.21 of the Columbia County Water Utility Construction Standards and Specifications. **The timeframe for usage shall be a maximum of 4 weeks.** Applicant acknowledges a single deposit payment of **\$ 2500.00** is required for the usage of the assembly and will be refunded upon return of the device in same condition as received.

I ACKNOWLEDGE BY MY SIGNATURE THAT I HAVE READ, UNDERSTAND, AND AGREE TO BE BOUND BY THE TERMS AND CONDITIONS AS SET FORTH ABOVE.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Tax I.D. Number: \_\_\_\_\_

Development Location: \_\_\_\_\_

Deposit Amount Required: \$ **2500.00**

Cash / Credit Card / Check (Check Number): \_\_\_\_\_

Assembly Number: \_\_\_\_\_

Meter Number: \_\_\_\_\_ Begin Read: \_\_\_\_\_ End Reading: \_\_\_\_\_

Account Number: \_\_\_\_\_

Date Checked Out: \_\_\_\_\_ Date Assembly to be Returned: \_\_\_\_\_