



“Town of Edson”

Sanitary Sewer “Back-Flow” Pre-Inspection/Installation Program

Application FORM

Date: _____

Address requesting installation of back-flow preventer: _____

Registered landowner _____

Property owners’ contact information: (Complete mailing address, email & phone number)

Mailing Address: _____

Email: _____

Phone Number: _____

***Questions to be filled out by the
Owner of property requesting installation***

Has the property had a history of sanitary sewer issues? YES / NO

If yes, was the problem identified? If so, what was the issue? _____

If yes, was the issue on public or private property? Private-Side / Public-Side / BOTH

Has there ever been a camera inspection done at the property? YES / NO

***Questions to be filled out by the
Town Representative***

Were copies of the completed application distributed to concerning departments?

Was a deposit taken for application? YES / NO

Are there still available funds at the time of application? YES / NO

Was a copy of required "Back-flow Preventer" maintenance given and signed off by the applicant? **YES/NO**

Maintenance Disclosure Statement

***** Note- after the installation is complete, the "Town of Edson" is *NOT* responsible for the required maintenance to ensure the functionality of the "Back-Flow Preventor".**

Name of Town Representative collecting information _____

Property owners' signature acknowledging "maintenance disclosure" statement.

