

**JOINT MUNICIPAL WATER AND SEWER COMMISSION
BACKFLOW PREVENTION
ANNUAL TESTING AGREEMENT**

www.lcjmwsc.com

Tel: (803) 359-8373 Fax: (803) 359-6553

Date: _____

Business Name: _____

Address: _____

Account #: _____

I request that the Joint Municipal Water and Sewer Commission perform the testing of my backflow prevention assembly on an annual basis. I understand that charges associated with this testing will be charged to my account in accordance with the Commission's rate schedule. I also understand that if the backflow test results come back with a failed device, it will be my responsibility to have the device repaired and then retested from another Backflow Tester of my choice. The Commission will not be held responsible for any cost incurred in repairing or testing a failed device.

Authorized Signature