



Village of South Barrington
30 South Barrington Road, South Barrington, IL 60010
Ph: 847-381-7510 / Fax: 847-381-0024 / www.southbarrington.org

2025 Waiver of Annual RPZ Inspection

Name: _____ Address: _____

Account #: _____

I/We, the homeowners at the above address, request a waiver of the annual RPZ inspection for 2025 due to our intention not to use our in-ground irrigation system for the remainder of the year.

Please initial all the sections below, sign and return.

_____ (Initial) 1. I/We understand that if we decide to use the in-ground irrigation system, we must **FIRST** have the RPZ device installed and tested by a licensed plumber who is certified as a Cross Connection Control Device Inspector (CCCDI) as required by the State of Illinois. A copy of the approved test shall be filed with the Village of South Barrington.

_____ (Initial) 2. I/We are required to shut the water off at the sprinkler system and remove the RPZ device. The Village will be closely monitoring all water use of the sprinkler system while this waiver is in force.

_____ (Initial) 3. **Failure to complete the required annual testing prior to use of your in-ground irrigation system will result in your water being shut off and the applicable reconnection fees.**

_____ (Initial) 4. This waiver is in effect for 2025 only.

Please contact the Village Hall at 847-381-7510 if you have any questions regarding the required testing or reactivating your irrigation system.

Homeowner Signature

Date

Homeowner Printed Name

Phone Number