

Permit #: _____

Date Rcv'd: _____

Affidavit of Backflow at MH Park or RV Park

**Affidavit of owner or manager of Mobile Home (MH) Park or Recreational Vehicle (RV) Park
Verification of backflow for: 1) the Park and 2) the water service for each MH or RV space**

Name of MH / RV Park: _____ Business License #: _____

Address: _____ City – Zip: _____

Telephone: _____ Email: _____

of MH / RV spaces: _____ # of service buildings: _____

Park Owner: _____ Park Manager: _____

How does the MH / RV park get water: Water Company OR Well

Name of Water Company: _____

What type of backflow is installed on a water service from a water company: Domestic (type: _____) Irrigation (type: _____) Fire (type: _____)

Backflow types: None / DCVA = Double Check Valve Assembly / RPPA = Reduced Pressure Principle Assembly

Every MH or RV space must have backflow protection: 1) inside the MH or RV unit, **OR** 2) installed on a water service to a MH or RV.
Every MH or RV space must be inspected to confirm the correct backflow protection.

1) List the MH or RV units that were inspected for air gaps on the plumbing:

2) List the MH or RV spaces with a backflow assembly installed on a water service:

3) List the MH units or RV spaces that were not inspected:

Pursuant to Washoe County Health District (Health District) regulations, the undersigned duly sworn deposes and says:

1. I am the owner or manager of the mobile home park or recreational vehicle park making this affidavit;
2. I am knowledgeable of the requirements of the [Nevada Revised Statutes Chapter 461A](#), the [Nevada Administrative Code Chapter 461A](#) and the [Washoe County District Board of Health Regulations Governing Mobile Home and Recreational Vehicle Parks](#);
3. I must request permission from the mobile home owner or recreational vehicle owner to enter any mobile home or recreational vehicle;
4. I affirm that the mobile home park or recreational vehicle park is protected from backflow from each mobile home or recreational vehicle:
 - a. An air gap is present at all water devices that drain to sewer (and hose bibbs have a vacuum breaker installed), OR
 - b. The correct backflow is installed on the water service connection;
5. I acknowledge that I am not relying upon any statement or representations of the Washoe County Health District, nor any of its employees, representatives or agents, that the mobile home or recreational vehicle complies with the aforementioned requirements;
6. The Health District may audit this affidavit to confirm its validity.
7. I state under perjury under the laws of Nevada that I have read and understand the foregoing statements and that they are true and correct.

Print Name: _____ Signature & Date: _____

To be reviewed and completed by a Health District inspector:

Health District Inspector: _____ Signature: _____

Comments: _____ Date: _____