



Notice & Survey Form 2017

Section 6.00. Commonwealth of Virginia Waterworks Regulations, states that the water purveyor shall establish a program of cross-connection and backflow prevention control consistent with the extent of the system and type of consumer served. Each waterworks owner must establish this program to prevent contamination of the potable water system.

Contamination may occur under backsiphonage or backpressure conditions whereby contaminants are siphoned or forced respectively back into the potable water supply.

Backsiphonage of contaminants may occur when there is a pressure drop creating a suction or partial vacuum in the water system. This condition may occur during a line brake or high usage in fire fighting situations.

Backpressure may occur when there are pumps or boilers on the water system, which produce pressures higher than water system pressures.

In the home, the following are places to be protected against backflow. Please indicate, **yes or no**, in the blank whether you have the following items connected to the public drinking water system:

- A: Swimming pools _____
- B: Hose bib (water hose faucet) connectors where water operated aspirators (aspirators are devices such as pesticide or miracle gro containers that attach to a garden hose) are used _____
- C: Water softeners _____
- D: Frost-proof hydrants (standalone water hose spigots usually in the lawn area) _____
- E: Lawn sprinklers (in ground sprinkler systems) _____
- F: Connections to unapproved sources such as springs, individual wells, cisterns, etc. _____
- G: Photo developing sinks _____
- H: Hose bibs (water hose faucet) at utility sinks _____
- I: Hand-held shower heads (shower head with hose that is removable from the wall) _____

Note: Commercial users will have onsite surveys to determine what equipment is needed or needs to be maintained. Homeowners please complete the survey and return as soon as possible so that we are able to keep our records current for the Virginia Department of Health.

Please Return to: Town of Bluefield WTP, P.O. Box 1026, Bluefield, VA 24605

Name of Homeowner _____

Address _____

Signature of Homeowner _____