

American Water Military Services Group
WATER SURVEY QUESTIONNAIRE

Property located at:

(Service Address 1)

(Service City), (Service State)

(Service Zip)

Premise No. (Premise Number)

<p>Please check the box or boxes that best describe the use of water with your facility:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Typical, such as bathrooms, drinking fountains, outside water faucets, household laundry or dishwashing appliances <input type="checkbox"/> Private well(s) supplying any part of your facility <input type="checkbox"/> Piped into a manufacturing process <input type="checkbox"/> Piped into a chemical process <input type="checkbox"/> Piped, underground lawn irrigation system <input type="checkbox"/> Piped into a swimming pool <input type="checkbox"/> Piped into water cooled/operated equipment <input type="checkbox"/> Piped into a frost proof yard hydrant <input type="checkbox"/> Piped into a sanitary type of yard hydrant <input type="checkbox"/> Other: _____ 	<p>Please check the box or boxes that best describe your Fire Protection (if applicable)</p> <ul style="list-style-type: none"> <input type="checkbox"/> This account serves private hydrants only (no fire sprinkler system in facility) <input type="checkbox"/> This account serves an installed fire sprinkler system <input type="checkbox"/> Fire sprinkler system has outside fire department connections for pumping into the system <input type="checkbox"/> Fire sprinkler system contains antifreeze or other chemicals <input type="checkbox"/> Fire sprinkler system is also supplied by an auxiliary source of water (i.e., pond, reservoir, or storage tank)
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<p>Please check the types of backflow prevention devices installed on your plumbing system.</p> <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Reduced Pressure Zone device (RPZ) <input type="checkbox"/> Double Detector Check Assembly (DDCA) <input type="checkbox"/> Double Check Valve (DCV) <input type="checkbox"/> Other _____ 	<p>Please check the types of backflow prevention devices installed on your sprinkler system if applicable.</p> <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Reduced Pressure Zone device (RPZ) <input type="checkbox"/> Double Detector Check Assembly (DDCA) <input type="checkbox"/> Double Check Valve (DCV) <input type="checkbox"/> Other _____
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If backflow prevention devices are installed on your plumbing (potable, fire, irrigation, etc) for containment (or isolation in specified circumstances), they are required by the Virginia Department of Health and American Water to be tested annually and copies of the test reports be maintained on file with the water company. If you do not have current copies of the test reports on file with us, please attach copies of the test(s) to this survey.

What type of facility is your address? (office, medical, industrial, residential, etc)

How many total services feed your address? Include all services such as potable, fire service, etc #

How many backflow containment devices are at your address? #

Per the Virginia Department of Health and American Water, certain water services must have containment devices protecting the water system from plumbed processes and other hazards. A containment device is a backflow device or method that eliminates the potential for backflow before any use, branch out, or application of water. A full list of those hazards can be obtained by contacting American Water.

Some of these include (but not limited to) hazards at American Water's discretion would create a hazard, intricate plumbing, areas with repeated cross connections, irrigation or fire protection systems, areas with security restrictions, water services at facilities such as: Hospitals, mortuaries, clinics, veterinary establishments, nursing homes, and medical buildings; Laboratories; Piers, docks, and waterfront facilities; sewage pumping stations, or storm water pumping stations; Car washes and laundries; Buildings with commercial, industrial, or institutional occupants; Water loading facilities; Chemical processes; Commercial greenhouses and nurseries; Health clubs with swimming pools or other water; Schools or colleges with laboratory facilities; Multiuse commercial, office or warehouse facilities; and others specified by American Water when reasonable cause can be shown for a potential backflow or cross-connection hazard.

Please answer the below to help determine if your backflow requirements have been met. If you do not have complete information on the building water services, mark unsure. Please contact American Water if you are unsure, have any questions, or identify a cross connection potential.

Do all services feeding your address have a containment device protecting the water distribution system before branch outs or use of water (circle one)? **(Yes) (No) (Unsure) (N/A)**

Name of Individual Completing Survey	Company or Agency of Individual
Signature of Individual Completing Survey	Date:
Contact Email Individual Completing Survey	Contact Number of Individual Completing Survey
Send a copy of this form to the responsible party as well as American Water. To send to American Water:	Phone: 571-339-8087 Fax: 571-339-8091
Please send completed forms by drop off, fax or email.	6035 16th Street, Building 739, Fort Belvoir, VA, 22060 fortbelvoirsubmittals@amwater.com

Please also include building number. Each address can have unique circumstances. Please include any information you feel is related to cross connections at your address by email, included as an attachment, or written below: