

Russell County Public Service Authority

Cross-Connection Control Questionnaire

Cross-connection control, also referred to as backflow prevention, protects the public water systems from pollution and cross-contamination. It is the responsibility of the water purveyor as well as the Owner/Developer to prevent cross-contamination. Owner/Developer involvement and cooperation is vital to the success of this program.

To protect the public water supply from cross-connections, the Virginia Department of Health and the Russell County Public Service Authority (RCPSA) require an approved backflow prevention assembly to be installed directly behind the water meter if an actual or potential cross-connection exists. This questionnaire will assist RCPSA in assessing whether a backflow prevention assembly will be required on the property.

The completed questionnaire will become part of RCPSA's customer records. RCPSA may also request a questionnaire to be completed from time to time to confirm that no changes have taken place in the plumbing system on the property.

To obtain information required for installation and testing of an approved backflow prevention assembly, you may contact the office of RCPSA at (276) 991-0200.

Please return the completed questionnaire to RCPSA 137 Highland Dr Suite E, Lebanon, VA 24266.

You may also complete the questionnaire at <https://russellcounty.ruralwaterusa.com/>

Thank you for your help and cooperation with this vitally important issue.

Applicant Information (Please print)

Customer/Applicant Name: _____

Service Address: _____

Phone Number: _____

Customer Account Number: _____

Please list any chemicals or toxic materials that are stored or handled on the property which, if accidentally introduced into your water system would pollute or contaminate the potable water.

Important: Please answer all questions accurately and sign questionnaire.

1. Is there a well or another water supply on the property? Yes No
If yes, will the system be connected to the public water supply? Yes No
2. Do you currently or in the future, plan to use fertilizer or a Chemical Injection system? Yes No
3. Is there any type of pump, low pressure boiler, or cooling tower installed on the system? Yes No
4. Do you have any direct connections between the sewage system and The potable water system? Yes No
5. Do you plan to have an agricultural system other than lawn or shrubs? Yes No
6. Do you currently have livestock on the property? Yes No
7. Is the meter service solely dedicated for agricultural use? Yes No
8. Is there currently any grey water use on the property? Yes No
9. Is there currently any recycled water use on the property? Yes No
10. Are anti-siphon devices installed on all hose bibs? Yes No

11. Is or will this meter service be utilized in any of the facilities listed below: **(Please check all that apply)**

- | | | |
|---|---|--|
| <input type="checkbox"/> Medical/Dental | <input type="checkbox"/> Mortuary/Morgue | <input type="checkbox"/> Hospital/Urgent Care |
| <input type="checkbox"/> Convalescent Care | <input type="checkbox"/> Industrial/Commercial | <input type="checkbox"/> Irrigation System/Sprinkler |
| <input type="checkbox"/> Educational Institute | <input type="checkbox"/> Animal/Veterinarian | <input type="checkbox"/> Housing Complex |
| <input type="checkbox"/> Place of Public Assembly | <input type="checkbox"/> Office Building | <input type="checkbox"/> Car Wash |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Shopping Center | <input type="checkbox"/> Laundry/Dry Cleaning |
| <input type="checkbox"/> Nursery/Greenhouse | <input type="checkbox"/> Livestock Troughs | <input type="checkbox"/> Swimming Pool/Hot Tub |
| <input type="checkbox"/> Water Storage Tanks | <input type="checkbox"/> Water Treatment System | |

12. Do you currently have a Backflow Prevention Assembly installed on your water service? Yes No

If you yes, what size: 3/4" 1" 2" 4" _____ Other

Type: RPZ - Reduced Pressure Principal Assembly/Serial # _____

DCV - Dual Check Valve/Model # _____

PVB - Pressure Vacuum Breaker/Model # _____

AVB - Atmospheric Vacuum Breaker/Model # _____

AG - Air Gap Separation

Signature: _____

Date: _____

