



Department of Water Resources Backflow Criteria Guidelines Checklist for Existing Structures, to include Renovations, Expansions and Additions

Please complete the following in its entirety and submit it to the Department of Water Resources, 525 Taylor Street, Lynchburg, VA 24501. The Dept. of Water Resources will advise you what backflow prevention measures are needed after a review of the enclosed information.

Please circle the appropriate response or provide us with the information requested. If additional space is needed, please use a 2nd form.

1. Please note the types and sizes of active water connections to the property, as well as any services being considered for the future.

Example:

| EXISTING | | PROPOSED | |
|----------|------|----------|------|
| TYPE | SIZE | TYPE | SIZE |
| Domestic | 2" | Fire | 6" |
| | | | |
| | | | |
| | | | |

2. Does the property have any secondary water sources, such as wells, springs, or cisterns? **YES** **NO**

3. Will the property be used for anything other than a single family dwelling; i.e., commercial, institutional, industrial, etc.? **YES** **NO**

If yes, please specify: _____

4. Are any backflow prevention assemblies currently installed on the property? **YES** **NO**

If yes, please detail the types, models, and sizes that currently exist and their location.

| TYPE | MODEL | SIZE | LOCATION |
|------|-------|------|----------|
| | | | |
| | | | |
| | | | |
| | | | |

5. If backflow assemblies exist, have annual tests been submitted to the City of Lynchburg, Dept. of Water Resources? **YES** **NO**

6. Does the property have a fire sprinkler system or private fire hydrant(s); are there plans to add either in the future? **YES** **NO**

7. If a fire sprinkler system exists or is being considered, will it include additives? **YES** **NO**

If yes, please specify: _____

8. If a vault exists on the premises, does it drain properly? **YES** **NO** **N/A**

9. Does the property have an irrigation system (or yard hydrant); are there plans to add either in the future? **YES** **NO**

10. Does any part of the structure(s) on the property measure more than 30 feet in height from the lowest level? **YES** **NO**

11. Are pumps currently being used on any part of the plumbing system or do you plan to use them in the future? **YES** **NO**

12. Are any chemicals used or stored at the site that come in contact with the water system? **YES** **NO**

If yes, please specify: _____

13. Is there sufficient space outside the structure (preferably at the property line), to install backflow prevention assembly(s)? **YES** **NO**

14. Are there any activities at this location that could be considered a health hazard? **YES** **NO**

If yes, please specify: _____

Information of individual completing questionnaire:

Company: _____ Address: _____

Printed Name: _____ Signature: _____ Date: _____

Please contact DWR at 434-455-4261 if assistance is needed with regard to this form. Completed form(s) may be faxed to 434-455-1277.