Virginia Department of Health Office of Drinking Water

**Waterworks Business Operations Plan for**

**Transient Noncommunity Waterworks**

**Part 1 – System Management**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| System Name: | |  | | | | | | County: |  | |
| Type of facility | | Fast Food Restaurant Full Service Restaurant \_\_\_School  Adult Home/Childcare Campground Hotel/Motel Marina | | | | | | | | |
|  | | Other: |  | | | | | | | |
| System is:  New or Proposed  Existing  Existing with change of owner | | | | | | | | | | |
| Owner: | |  | | | | Address: | |  | | |
| Phone # | |  | | | |  | |  | | |
| Contact Person: | |  | | | | Address: | |  | | |
| Phone # | |  | | | |  | |  | | |
| Email: | |  | | | |  | |  | | |
| Population: | No. Employees: | | |  |  | Estimated No. Daily Customers: | | | |  |
|  | | | | | | |  | | | |

**Part 2 – Water Supply Technical Criteria**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. of water supply sources: | | | | | |  | | | | | | | | |
| Source type: | | Drilled well  Bored/dug well  Unknown | | | | | | | | | | ***The items listed to the left represent some of the typical components of your waterworks that you may have to replace. It is recommended that you maintain an emergency reserve (“Rainy Day Fund”) or line of credit to cover the cost of replacing these assets****.* | | |
| Pump type: | | Submersible Turbine  Jet | | | | | | | | | |
| Storage: | Hydropneumatic  Bladder | | | | | | | Other: |  | | |
| Treatment type (if any): | | | | |  | | | | | | |
| Known contamination source(s) within 50 feet of well? | | | | | | | | | | Yes  No | | | | |
| If yes, describe: | | |  | | | | | | | | | | | |
| Underground storage tanks present: | | | | | | | Yes  No | | If yes, is tank fuel storage? | | | | | Yes  No |
| Sewage disposal: | | | | Municipal Septic Package plant | | | | | | | Other: | |  | |

**Part 3 – Monitoring and Reporting**

1. **Routine bacteriological samples** are to be collected and results reported to the Office of Drinking Water in accordance with an approved Bacteriological Sample Siting Plan (BSSP)

BSSP  Approved and on file  Pending

1. **Nitrate samples** (*Nitrates + Nitrites combined*) are to be collected from each entry point to the distribution system at least once annually and results reported to the Office of Drinking Water.

**Part 3 – Monitoring and Reporting (cont’d)**

1. **Operational reports** are to be submitted to the Office of Drinking Water by the 10th day of the month following the reporting period.

|  |  |  |
| --- | --- | --- |
| Reports are required: | Quarterly  Monthly  Not required | |
| Reports must include: | Water usage  Chemical usage  pH measurements  Chlorine residual measurements | |
|  | Other: |  |

**Part 4 – Financial**

This information is required to demonstrate the owner’s awareness of and planning for the operation and maintenance of a public waterworks. Estimated annual expenses should be projected for six years

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Waterworks Expenses** | ***Example\**** | **20 ‗ ‗** | **20 ‗ ‗** | **20 ‗ ‗** | **20 ‗ ‗** | **20 ‗ ‗** | **20 ‗ ‗** |
| 1. Sampling costs and lab fees | *$530* |  |  |  |  |  |  |
| 2. Treatment costs (chemicals, etc.) | *$150* |  |  |  |  |  |  |
| 3. Emergency fund for repair or  replacement\*\* | *$600* |  |  |  |  |  |  |
| 4. All other waterworks related  expenses | *$350* |  |  |  |  |  |  |
| ***TOTAL*** | *$1,630* |  |  |  |  |  |  |

\* The costs provided above are for example only. This example includes an estimated cost of 10 MPN Bacteria samples, 4 Bacteria Presence/Absence samples, and 1 Nitrate/Nitrite sample. The waterworks must fill out the rest of the chart to capture **actual** anticipated waterworks expenses.

\*\*Reserve funds (“Rainy Day Funds”) are recommended for Transient Noncommunity Waterworks but are not required.

Owner requests that financial information be maintained in confidentiality (FOIA):  Yes  No

**Part 5 – Certification Statement**

By signing below I hereby declare that the information provided above is true and accurate to the best of my knowledge, and that the estimate of annual waterworks expense appears as a line item in the overall business operating budget. If any information changes, I will notify the Office of Drinking Water in writing within 7 business days.

Signature of Owner: Date:

|  |
| --- |
| ODW Office Use Only  Reviewed by: Date: WBOP  Acceptable  Not Acceptable |