

**Virginia Department of Health
Water System Questionnaire**

Date: _____

Business Name: _____ County: _____

Type of Business: _____

Legal Business Owner/Corporation Name: _____

Property (well) Owner: _____

Property (well) Owner/Manager Contact: _____ Email: _____

Address: _____

Phone: _____ Mobile Phone: _____ Fax: _____

Other Contact : _____ Email: _____

Address: _____

Phone: _____ Mobile Phone: _____ Fax: _____

Daily Population Served: _____ Employees _____ Customers _____ Others

Period of Operation: _____ # Hours/Day _____ # Days Per Week _____ # Months Per Year

Water Source(s): _____ Private Well _____ Served by existing Waterworks (PWSID _____)

Water served for drinking: tap/fountain bottled both

If water is treated, please describe: _____

Method of data collection: _____Phone _____Mail _____Site visit

Owner/Owner's Rep. providing above information: _____

Data below to be obtained from existing VDH records:

Records available: Well Construction Information Water Sample Data Water Usage Data

Existing Permit(s): VDH-Food VDH-Campground VDH-Hotel/Motel Onsite Sewer
 Marina Other: _____

Permit Capacity: Seats _____ Campsites _____ Rooms _____ Sewer _____ Boat slips _____ Other _____

Is there a VDH issued Variance to allow bottled water for drinking? Yes No (If Yes, attach copy)

Prepared by VDH Staff: _____ Date _____

Comments: