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:

Revised 6/8/15