

**Virginia Department of Health
Office of Drinking Water
Potential Waterworks Questionnaire**



Facility Name: _____ Facility Address: _____

Business Owner: _____ Address: _____

Phone: _____ Mobile Phone: _____ Email: _____

Property Owner/Legal Owner/Corporation Name (if applicable): _____

Address: _____

Phone: _____ Mobile Phone: _____ Email: _____

Administrative Contact/Manager: _____ Email: _____

Address: _____

Phone: _____ Mobile Phone: _____

Type of Business: _____

Capacity: Seats _____ Campsites: _____ Rooms: _____ Persons: _____ Boat slips: _____ Other: _____

Daily Population Served: Employees: _____ Customers: _____ Visitors: _____ Others: _____

Events per year: _____ Estimated population per event: _____

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

Description of population served/business operation: _____

Places where water is available: ☐ Kitchen ☐ Restroom(s) ☐ Drinking Fountain(s) ☐ Other _____

Water Source(s): ☐ Drilled Well ☐ Bored Well ☐ Spring ☐ Public waterworks (service connection)

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

☐ Photographs ☐ Construction Drawings/Site Plan ☐ System Diagram ☐ Onsite Sewage Permit

I authorize staff for the Virginia Department of Health to enter the property described at any reasonable time to carry out the agency's duties pursuant to Code of Virginia § 32.1-25.

Signature of owner/authorized agent: _____

Name/Title: _____ Date: _____

NOTICE: the Virginia Department of Health may provide a copy of this completed form to third parties in accordance with the Virginia Freedom of Information Act (Title 2.2, Chapter 37 of the Code of Virginia).

ODW Reviewer: _____ Date: _____

Method of data collection: ☐ Phone ☐ Mail/Email ☐ Site Visit

Notes:

APPEARS TO BE A WATERWORKS: ☐ Yes ☐ No (initials & date _____)

Justification: