

Backflow Criteria Guidelines for Existing Structures (including Renovations, Expansions and Additions)

The following list needs to be completed to help determine the level and type of backflow prevention protection necessary.

Please check yes or no to the following questions:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Does the property have an active water service? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Is the property used for commercial/institutional purposes?
If yes, please specify: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Is the property used for industrial purposes?
If yes, please specify: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Does the water service have an approved backflow prevention device already installed?
If yes, please specify type/model:

_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. If a backflow device exists, has an annual test been performed and registered with the City of Lynchburg, Utility Department? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Does the property have a fire sprinkler system? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. If a fire sprinkler system exists, are there any additives in the sprinkler system?
If yes, please specify: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are there any private fire hydrants on the property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Is there a vault on the premise? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. If a vault exists, does it drain properly? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Does the property have an irrigation system? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Is the structure on the property 4 or more stories high? |

13. Are there any chemicals used or stored at the property that come in contact with the water system that could pose a health hazard?
If yes, please specify: _____
14. Is there the necessary space outside of the structure to install the appropriate backflow prevention assembly?
15. Are there any activities at this location that could be considered as a health hazard?
If yes, please specify: _____

Information of individual completing questionnaire:

Company: _____

Printed Name: _____

Signature: _____ Date: _____

City of Lynchburg, Department of Utilities' comments:
