## 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		
		1.	Does the property have an active water service?
		2.	Is the property used for commercial/institutional purposes?  If yes, please specify:
		3.	Is the property used for industrial purposes?  If yes, please specify:
		4.	Does the water service have an approved backflow prevention device already installed?  If yes, please specify type/model:
		5.	If a backflow device exists, has an annual test been performed and registered with the Town of Gate City
		6.	Does the property have a fire sprinkler system?
		7.	If a fire sprinkler system exists, are there any additives in the sprinkler system?  If yes, please specify:
		8.	Are there any private fire hydrants on the property?
		9.	Is there a vault on the premise?

If a vault exists, does it drain properly?

Does the property have an irrigation system?

Is the structure on the property 4 or more stories

10.

11.

12.

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 indiv	vidual co	mpleting questionnaire:
Company:		
Printed Name:		
Signature:		Date:
Town of Gate City of	ommen	ts:
Return to:		
Town of Gate City 156 East Jackson S Gate City, VA 2425		
Question or Commo Call: 276-386-383 or email: watersuper	1	nygatecity com