



TOWN OF MARION

P.O. Box 1005
138 West Main Street
Marion, VA. 24354
Phone: 276-783-4113 Fax: 276-783-8413
www.marionva.org

Council:
David P. Helms, Mayor
Dr. James L. Gates, Vice Mayor
Larry Carter, Avery Cornett,
Bill Weaver, Susanne Jennings,
Tricia Spencer, Jim Barker
Bill Rush Town Manager
Cindy Stanley, Town Clerk

October, 2019

RE: Cross-Connection and Backflow Prevention Program

Dear Water Customer:

Attached please find a copy of the *Town of Marion's Cross-Connection and Backflow Prevention Program Water Survey* and the *Town of Marion Backflow Prevention Device Test Report*. This is sent out annually to all of our water customers to satisfy the Virginia Department of Health Waterworks Regulations. The completion of this form helps the Town determine if our public water supply is protected from potential contamination and is safe for all of our customers. Please complete the survey and return to the Town within 15 days.

This assessment is done under the authority of the Town of Marion's Cross-Connection and Backflow Prevention Ordinance as found in the Town Code in the Utilities Section Article II, Division 2, and Section 78-61. This Ordinance is in compliance with the Virginia Department of Health Waterworks Regulations.

Section 78-70 of the Town Code, Inspection Requirements states the following:

"It shall be the responsibility of the consumer's water supply system owners to maintain all backflow prevention devices or methods installed, in accordance with Section 78-67, on the premises in good working order and to make no piping or other arrangements for the purpose of bypassing or defeating backflow prevention devices or methods."

If you are not a Town of Marion Water Customer or think you have received this letter in error, please contact our office at 276-783-4113 ext. 1008.

Sincerely,

Cecil Hicks
Town Engineer

Donald L. Henderlite
Assistant Superintendent

Town of Marion
P. O. Box 1005
Marion, VA 24354

PRSRT STD
U.S. Postage
PAID
Permit No 10
Marion, VA

TOWN OF MARION
RESIDENTIAL WATER SURVEY
OCTOBER, 2019

Name: _____

Address: _____

Day time phone number: _____

Customer Service Number: _____

Property owner (if not current resident)

Name: _____

Address: _____

Please check everything that may apply to your premises:

- | | |
|--|--|
| <input type="checkbox"/> swimming pool | <input type="checkbox"/> animal watering trough |
| <input type="checkbox"/> shampoo bowl/sink | <input type="checkbox"/> darkroom/photo equipment |
| <input type="checkbox"/> private well, spring or cistern | <input type="checkbox"/> baptismal pool |
| <input type="checkbox"/> dye vat | <input type="checkbox"/> fish pond |
| <input type="checkbox"/> pressure booster pump | <input type="checkbox"/> solar heating system |
| <input type="checkbox"/> dialysis equipment | <input type="checkbox"/> water storage tank |
| <input type="checkbox"/> pressure washer | <input type="checkbox"/> carbonated drink machine |
| <input type="checkbox"/> steam or boiler heating system
(If yes do you add chemicals to the
heating water) _____ | <input type="checkbox"/> yard hydrant/yard spigot |
| <input type="checkbox"/> lawn irrigation sprinkler system | <input type="checkbox"/> fire sprinkler system |
| <input type="checkbox"/> mop, laundry, utility sink with hose bib threads | <input type="checkbox"/> nothing listed applies |
| <input type="checkbox"/> frost-proof spigot without vacuum breaker | |
| <input type="checkbox"/> hose end sprayer for fertilizer or other chemicals | |

Please offer a brief description of any other items or treatment units connected to the water systems of your property. Also, include any existing cross connection devices that appear to be working properly.

Any additional comments:

Please return this form to the Town Hall with your next water bill payment or mail to:

Thank you

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P. O. Box 1005
Marion, VA 24354



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October, 2019

RE: Cross-Connection and Backflow Prevention Program

Dear Water Customer:

This letter is meant to inform all of our water customers of the Town of Marion's Cross Connection and Backflow Prevention Ordinance. This Ordinance is a part of the Town Code and is in compliance with the Virginia Department of Health Waterworks Regulation.

Each customer **must** complete the *Town of Marion's Cross-Connection and Backflow Prevention Program Water Survey* form (enclosed) annually. If the consumer's water system has an existing backflow prevention device(s), the consumer **shall** have a certified tester complete the *Town of Marion Backflow Prevention Device Test Report (enclosed)* annually for each device at the location and return it/them to our office within 15 days to avoid issuance of a "**Notice of Violation**" and potential suspension of water service.

This assessment is conducted under the authority of the Town of Marion's Cross-Connection and Backflow Prevention Ordinance as found in the Town Code in the Utilities Section Article II, Division 2, and starting with Section 78-61.

Section 78-70 of the Town Code, Inspection Requirements states the following:

"It shall be the responsibility of the consumer's water supply system owners to maintain all backflow prevention devices or methods installed, in accordance with Section 78-67, on the premises in good working order and to make no piping or other arrangements for the purpose of bypassing or defeating backflow prevention devices or methods."

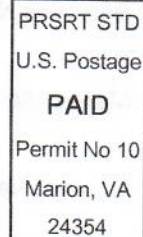
If you are not a Town of Marion Water Customer or think you have received this letter in error, please contact our office at 276-783-4113 ext 1002 or ext. 1008.

Sincerely,

Cecil Hicks
Town Engineer

Donald L. Henderlite
Assistant Superintendent

Town of Marion
P. O. Box 1005
Marion, VA 24354



2019 TOWN OF MARION COMMERCIAL WATER SURVEY

Please answer everything that may apply to your premises:

1. Does this facility have a swimming pool, baptismal pool or hot tub? ____ yes ____ no
2. Is there any other source of water, such as a private well, at this location? ____ yes ____ no
3. Do you have a lawn irrigation or sprinkler system? ____ yes ____ no
4. Do you have a cooling tower? ____ yes ____ no
5. Do you have Water or Steam Boiler? ____ yes ____ no
6. Do you have a Hose Aspirator for spraying chemicals? ____ yes ____ no
7. Do you have a mop, laundry, utility sink with hose bib threads? ____ yes ____ no
8. Do you have a shampoo bowl/sink? ____ yes ____ no
9. Do you have a frost-proof spigot without vacuum breaker? ____ yes ____ no
10. Do you have a water cooled compressor? ____ yes ____ no
11. Do you have a fire suppression system? ____ yes ____ no
12. Do you have a post mix carbonator? ____ yes ____ no
13. Do you have a water cooled Ice Maker? ____ yes ____ no
14. Do you have a photo, biological, medical, veterinary lab, or farm equipment, chemical or medical facilities at this location? ____ yes ____ no
15. Do you have a water tank truck filling station or pipe? ____ yes ____ no
16. Do you have any outside yard hydrants on this property? ____ yes ____ no
17. Do you have any pumps hooked to the plumbing system? ____ yes ____ no

If yes, please list each application:

Please list any or all water processes that are connected to the water piping system (example: dye vat; wet chemical process; metal plating process; etc.):

This survey will assist to help prevent accidental contamination of our drinking water system.

Business Name: _____

Mailing Address: _____

Contact Name: _____ Title: _____

Day Phone: _____ Emergency phone: _____ Fax: _____

Email Address: _____

Customer Service Number: _____

IF YOU CHECKED YES TO ANY OF THE ABOVE YOU MUST HAVE A BACKFLOW PREVENTER