

APPENDIX A

Appendix A Isolation Device Application

Degree of Hazard	Method of Backflow	Pressure or Flow Conditions	Device	ASSE #
High	BP or BS	Continuous	RPZ	1013 & 1047
	BS only	Noncontinuous	Pipe applied AVB	1001 & 1035
		Noncontinuous	Hose bibb AVB	1011 & 1052
		Noncontinuous	Wall Hydrant w/AVB	1019
		Continuous	PVB	1020 & 1056
Moderate	BP or BS	Continuous	DG-DC	1015 & 1048
Low	BS only	Continuous	Dual Check: w/o vent	1024 & 1032
		Continuous	w/vent	1012

NOTES:

- * Degree of Hazard - See Table 1 - Determination of Degree of Hazard in the Ordinance.
- * BS means backflow by backsiphonage.
- * BP means backflow by backpressure or superior pressure.
- * Continuous means operating under continuous flow or pressure. This condition usually applies to devices installed inline and may have valves downstream of the device.
- * Noncontinuous means operating intermittently not to exceed 12 hours under continuous pressure or flow in a 24-hour period. This condition usually applies to devices which are connected to hose bibbs, hydrants, or faucets which are open to the atmosphere. Valves Should not be located downstream of the device.
- * RPZ means a reduced pressure principal backflow prevention assembly.
- * Pipe applied AVB means an atmospheric vacuum breaker permanently installed in the plumbing or on faucets.
- * Hose bibb AVB means a hose bibb type atmospheric vacuum breaker with a single or with dual checks and a vent.
- * Wall hydrant w/AVB means a through-the-wall, frostproof self-draining type wall hydrant with AVB attached or built in.
- * PVB means a pressure vacuum breaker.
- * Spill resistant AVB have the same ASSE # as standard, pipe applied AVB.
- * Spill resistant PVB have ASSE # 1056.
- * DG-DC means double gate-double check valve assembly.
- * Dual Check without a vent means a device composed of two independently acting check valves ("residential dual check" and "beverage dispenser dual check").
- * Double check with a vent means a device compound of two independently acting check valves with an intermediate atmospheric vent ("boiler dual check").

INFORMATION:

- * Yard hydrants which are frostproof and drain the water in the barrel through a weep hole when not in use will not drain automatically when fitted with a hose bibb AVB. Weepholes should not be subjected to contamination.
- * Some wall hydrants will not drain if the hose is left connected.

APPENDIX B

**MONTGOMERY COUNTY
PUBLIC SERVICE AUTHORITY**

**CROSS CONNECTION CONTROL AND BACKFLOW PREVENTION
INSPECTION\ONSITE VISIT REPORT**

TO BE COMPLETED PRIOR TO INSPECTION:

FACILITY OR CUSTOMER NAME

FACILITY OWNER OR CUSTOMER ADDRESS:

PHONE NUMBER:

TYPE OF FACILITY: _____ RESIDENTIAL _____ COMMERCIAL _____ INDUSTRIAL

IS THIS A NEW FACILITY OR EXISTING:

CONTACT PERSON:

NUMBER OF SERVICE CONNECTIONS:

SIZE OF SERVICE CONNECTION:

TYPE OF PRODUCT MANUFACTURED:

TO BE COMPLETED AT TIME OF INSPECTION:

INSPECTOR: _____ DATE INSPECTED:

IS THERE A DEVICE CURRENTLY INSTALLED: YES _____ NO

IF SO, IS IT INSTALLED PER CODE: YES _____ NO

IF YES GO TO DEVICE INFORMATION

IF NOT, SHOULD A DEVICE BE REQUIRED: YES _____ NO

IF YES GO TO INSPECTOR'S RECOMMENDATIONS

DEVICE INFORMATION

LOCATION OF DEVICE (indicate on diagram below): Inside _____ Outside

TEST DATE ON TAG: YES _____ NO

IF SO, WHAT DATE, METHOD USED AND DID IT PASS OR FAIL:

DATE	METHOD	P	F
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WHO PERFORMED THE TEST:

MANUFACTURER OF DEVICE:

DEVICE MODEL NUMBER: _____ DEVICE SERIAL NUMBER:

DEVICE SIZE: _____ ASSE NUMBER:

INSPECTOR'S OBSERVATIONS:

TYPE OF PROTECTION:

DEGREE OF HAZARD

_____ CONTAINMENT	_____ LOW
_____ CONTAINMENT AND ISOLATION	_____ MODERATE
_____ ISOLATION IN LIEU OF CONTAINMENT	_____ HIGH

Montgomery County Public Service Authority
Inspection\Onsite Visit Report

APPROPRIATENESS OF DEVICE OR SEPARATION:

_____ SUFFICIENT
_____ SEE RECOMMENDATIONS

INSTALLATION:

_____ SUFFICIENT
_____ SEE RECOMMENDATIONS

GENERAL APPEARANCE:

_____ GOOD CONDITION
_____ SEE RECOMMENDATIONS

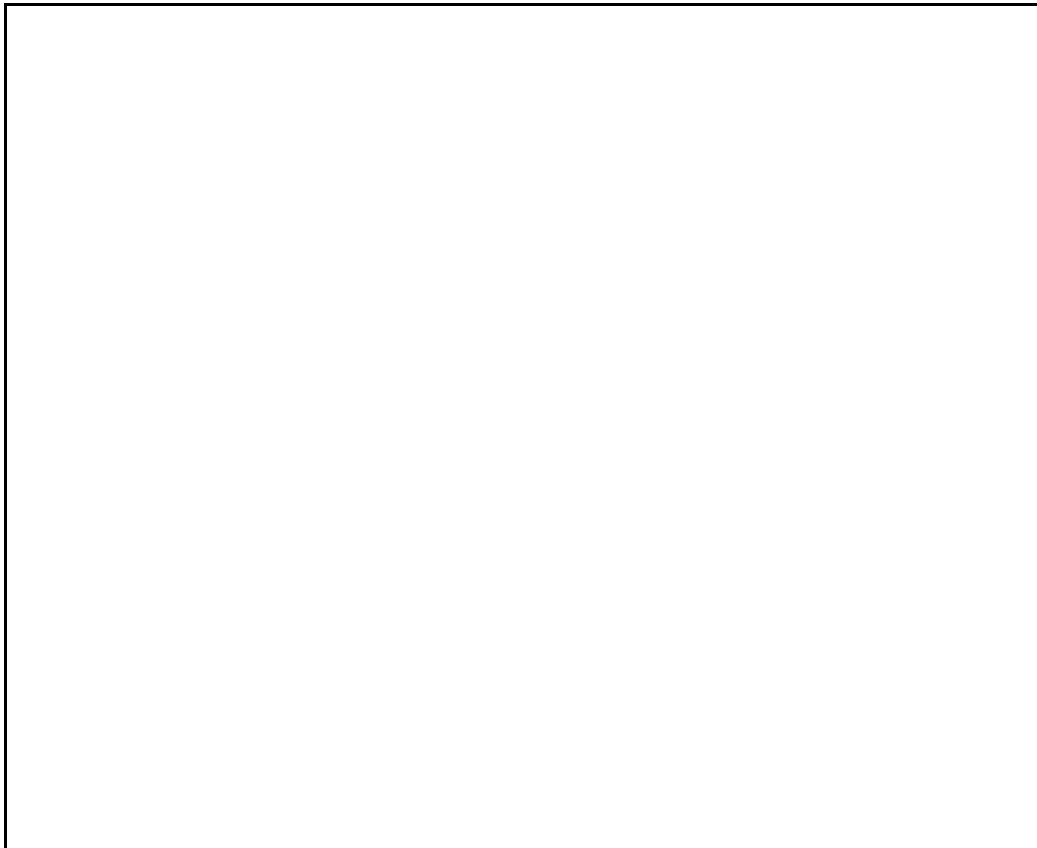
ANY INDICATION OF THERMAL EXPANSION

_____ YES
_____ NO

RECOMMENDATIONS:

NEW/ADDITIONAL DEVICE NEEDED

INSTALLATION DIAGRAM



APPENDIX C

MONTGOMERY COUNTY PUBLIC SERVICE AUTHORITY
CROSS CONNECTION CONTROL AND BACKFLOW PREVENTION
DEVICE TESTING REPORT

TO BE COMPLETED PRIOR TO INSPECTION:

FACILITY OR CUSTOMER NAME:

FACILITY OWNER:

TENANT:

SERVICE ADDRESS:

PHONE NUMBER:

CONTACT PERSON:

NUMBER OF SERVICE CONNECTIONS:

SIZE OF SERVICE CONNECTION:

ANNUAL ASSESSMENT BY: / / On site interview / / mailed questionnaire

TO BE COMPLETED AT TIME OF TESTING:

INSPECTOR: _____ DATE TESTED:

Device Type: _____ Line Pressure:

Device Number: _____ Test Method Used:

Results of Testing:

Signature of Device Tester: _____ Date:

Were Repairs Made? / / YES / / NO

If Yes: Parts Replaced: Replacement Parts Used:

_____	_____
_____	_____
_____	_____
_____	_____

Probable Cause of Test Failure:

Preventive Measures Taken:

APPENDIX D

**MONTGOMERY COUNTY PUBLIC SERVICE AUTHORITY
CROSS CONNECTION CONTROL AND BACKFLOW PREVENTION
QUESTIONNAIRE FORM**

Property Owner:

Address:

Phone Number:

Directions: Please review each of the items below and identify with a circle or check whether any of these situations exist at the above-mentioned address. Sign, Date and Mail your response within 30 days of receipt of this letter.

	YES	NO
1. Individual wells, springs or cisterns	x	x
2. Pressure booster pumps	x	x
3. Water storage tanks	x	x
4. Outside hose connections	x	x
5. Swimming pools	x	x
6. Lawn irrigation systems	x	x
7. Photo/Picture developing	x	x
8. Water treatment systems (water softeners)	x	x
9. Utility sinks with hose connections	x	x
10. Animal watering troughs	x	x
11. Existing backflow devices	x	x

TYPE	MAKE	MODEL#	ASSE#	DATE INSTALLED	SIZE
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Signature: _____ Date: _____

NOTE: PLEASE RESPOND WITHIN 30 DAYS OF RECEIPT OF THIS LETTER. FAILURE TO DO SO WILL RESULT IN AN ON-SITE INSPECTION AND INTERVIEW.

APPENDIX E

MONTGOMERY COUNTY PUBLIC SERVICE AUTHORITY
CROSS CONNECTION CONTROL AND BACKFLOW PREVENTION
RESIDENTIAL CONTAINMENT DEVICE REPORT

TO BE COMPLETED PRIOR TO INSPECTION:

FACILITY OR CUSTOMER NAME:

FACILITY OWNER:

TENANT:

SERVICE ADDRESS:

PHONE NUMBER:

CONTACT PERSON:

NUMBER OF SERVICE CONNECTIONS:

SIZE OF SERVICE CONNECTION:

ANNUAL ASSESSMENT BY: / / On site interview / / mailed questionnaire

TO BE COMPLETED AT TIME OF INSPECTION:

INSPECTOR: _____ DATE INSPECTED:

Action Taken: / / Replacement / / Overhaul

Date Action was Taken:

Comments: (Parts used for Overhaul, Device Number, etc.)

APPENDIX F

**NOTIFICATION OF SURVEY LETTER
RESIDENTIAL, COMMERCIAL, AND INDUSTRIAL**

DATE:

CUSTOMER:

ADDRESS:

PHONE NUMBER:

RE: CROSS CONNECTION CONTROL AND BACKFLOW PREVENTION

In order to remain in compliance with the Virginia Department of Health Waterworks Regulations regarding cross connection and backflow prevention, Montgomery County has adopted a Cross Connection Control Ordinance. The VDH regulations require the County to establish and enforce a program of cross connection control and backflow prevention to protect the Montgomery County Public Service Authority's drinking water supply. The VDH Regulations, County Ordinance and Montgomery County Public Service Authority program will aid in protecting the Montgomery County Public Service Authority's drinking water supply against possible contamination caused by back pressure or backsiphonage conditions.

As part of this required program, the Montgomery County Public Service Authority requires your assistance in identifying actual or potential cross connections on your premises. Therefore, we ask that you complete the attached questionnaire and return it to the Montgomery County Public Service Authority no later than _____, 2000. Please note that failure to respond to this questionnaire shall result in an on-site inspection of your premises. You may leave the questionnaire at the Public Service Authority billing department, or mail it to Montgomery County Public Service Authority, 755 Roanoke Street, Suite 2I, Christiansburg, VA 24073 Attn: Cross Connection Survey.

If you have any questions regarding this program, please feel free to contact this office at (540) 381-1997.

Sincerely,

PSA Director

NOTICE THAT TESTING IS REQUIRED

DATE:

CUSTOMER NAME:

ADDRESS:

PHONE NUMBER:

RE: BACKFLOW PREVENTION DEVICE TESTING

Dear _____ :

Please be advised that in accordance with the Virginia Department of Health Waterworks Regulations and the Montgomery County Cross Connection Ordinance, I must require that your backflow preventer be tested no later than _____ and that the results be filed with the PSA Director. Please note that any inside plumbing upgrades or device replacement shall require a building permit which can be obtained from the Building Inspector at 755 Roanoke Street, Suite 1D, Christiansburg, VA 24073.

Please find enclosed a list of certified testers that are known to us at this time. Thank you for your anticipated cooperation in handling this matter.

Sincerely,

PSA Director

**NOTIFICATION LETTER
INSTALLATION OF DEVICE IS REQUIRED**

DATE:

CUSTOMER NAME:

ADDRESS:

PHONE NUMBER:

RE: CROSS CONNECTION AND BACKFLOW PREVENTION

Dear _____ :

On _____, the Montgomery County Public Service Authority performed an on-site inspection of your premises for possible backflow and cross connection problems.

The inspection revealed that you have an actual hazard to the waterworks system. Therefore, I must require that you install an approved backflow preventer no later than _____. Please note that a building permit shall be obtained prior to an interior installation. This permit can be obtained from the Building Inspector at 755 Roanoke Street, Suite 1D, Christiansburg, VA 24073. Thank you for your anticipated cooperation in dealing with this matter.

If you have any questions concerning the above, please advise this office at (540) 381-1997.

Sincerely,

PSA Director

SECOND NOTICE

INSTALLATION OF DEVICE IS REQUIRED

DATE:
CUSTOMER:
ADDRESS:
PHONE:

RE: CROSS CONNECTION CONTROL AND BACKFLOW PREVENTION

Dear _____ :

THIS IS YOUR SECOND AND FINAL NOTICE. An onsite inspection was conducted on _____ and no backflow preventor or cross connection control device was installed. You are hereby given until _____ (Five days) _____ for this device to be installed or your water service will be disconnected. Also, please note that a building permit is required for an interior installation. This permit can be obtained at 755 Roanoke Street, Suite 1D, Christiansburg, VA 24073.

Please advise at (540) 381-1997 if you have questions.

Sincerely,

PSA Director

**NOTICE OF TESTING RESULTS
DEVICE FAILURE**

DATE:
CUSTOMER NAME:
ADDRESS:
PHONE NUMBER:
RE: BACKFLOW PREVENTION DEVICE TESTING RESULTS

Dear _____ :

Please find enclosed a copy of the backflow prevention device testing results performed on _____.

Testing results have indicated that the backflow prevention device located at your facility has failed. In accordance with the Virginia Department of Health Waterworks Regulations and the Montgomery County Cross Connection Control Ordinance, I must require that your backflow preventer be repaired and retested no later than _____ and that the results be filed with the PSA Director. Please note that any interior plumbing upgrades or device replacement shall require a building permit which can be obtained from the Building Inspector at 755 Roanoke Street, Suite 1D, Christiansburg, VA 24073.

Please find enclosed a list of certified testers that are known to us at this time. Thank you for your anticipated cooperation in handling this matter.

Sincerely,

PSA Director

NOTICE OF TESTING RESULTS

DATE:

CUSTOMER NAME:

ADDRESS:

PHONE NUMBER:

RE: BACKFLOW PREVENTION DEVICE TESTING RESULTS

Dear _____ :

Please find enclosed a copy of the backflow prevention device testing results performed on _____.

Testing results concluded that the device located at your facility has passed annual testing as required, the next annual test is due _____.

If you have any questions or need additional information, please contact me at (540) 381-1997.

Sincerely,

PSA Director

APPENDIX G

CERTIFIED DEVICE TESTERS

Name or Organization	Address	Phone No.
Anderson & Associates	100 Ardmore Street Blacksburg, VA 24060	(540) 552-5592 (800) 763-5596
Instrumentation Specialist, Inc. Keith H. Holt	1015 Welton Avenue, S.W. Roanoke, VA 24015	(540) 342-5599
Olver, Inc.	1116 South Main Street Blacksburg, VA 24060	(540) 552-5548