



# Cross Connection Control Survey Form

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Town of The Blue Mountains

PREPARED FOR:

ADDRESS:

DATE OF SURVEY:

SURVEY PERFORMED BY:

**Submit copies of this survey to the Town of The Blue Mountains Backflow Prevention Coordinator and to the Owner of the facility.**

**Survey form must be legible and complete.**

## Instructions for survey completion

### Owner:

- Arrange surveyor from Qualified Contractor Registry to perform the Cross Connection survey;
- Provide mechanical drawings if available, drawings etc. that may assist surveyor in completing a thorough survey;
- Provide the surveyor a knowledgeable employee with unrestricted access to the location being surveyed;
- Allow enough time to complete a thorough survey;
- Submit the completed survey report to the Town for review.

### Surveyor:

- Coordinate survey with property owner;
- Perform a detailed inspection to identify & document all locations where potable water is used or could easily be used;
- Identify both controlled and uncontrolled connections;
- Include fire systems;
- Document all details and piping arrangements;
- Provide supporting drawings/pictures as necessary;
- Submit complete and legible report to owner of property.

### Definitions:

“auxiliary water supply” means any water supply on or available to the premises other than the Town’s approved public water supply;

“*cross-connection*” means any actual or potential connection between a potable water supply or system and any source of pollution or contamination and includes any by-pass, jumper connection, removable section of pipe, swivel or changeover device and any other temporary or permanent connection arrangement through which backflow may occur;

“*cross-connection survey*” means a complete review of the potable water system or systems on the premises to determine if any cross connection exists and includes existing backflow prevention devices, cross-connections discovered, corrective measures and recommendations submitted on the Town’s standard cross-connection inspection report form;

“*premise isolation*” means separation of the plumbing system within a building or structure from the Town’s water distribution system

Facility Information:

Street Address of Surveyed Facility	
Owner of Surveyed Facility	
Owner Telephone	
Owner Fax	
Owner Email	
Building Use	

Surveyor Information:

Name of Surveyor's Company	
Name of Surveyor	
OWWA Certification Number	
Surveyor's Telephone	
Surveyor's Email	

Survey Details:

1. Provide the number and source of **all** Incoming Domestic Water Supplies:

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2. State the Premise Hazard Classification (as per CSA B64.10 Standard):

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3. Is a Premise Isolation device in place? Yes  No

**If yes**, provide the following information:

Type	
Size	
Make	
Model	
Serial Number	
Date of Last Test (if known)	
Orientation of Device	
Location	

**If no**, please specify the recommended device: \_\_\_\_\_

1. Is a bypass present? Yes  No

Is backflow protection in place on the bypass? Yes  No

If yes, provide details: \_\_\_\_\_

If no, specify recommended device: \_\_\_\_\_

2. Is thermal expansion protection in place? Yes  No

Specify recommended protection against thermal expansion if none present:

\_\_\_\_\_

3. Is un-interrupted service required? Yes  No

4. Is a fire sprinkler system in the building? Yes  No

Are chemicals added to the sprinkler system? Yes  No

Is backflow protection in place for the fire sprinkler system? Yes  No

If yes, provide details on protection: \_\_\_\_\_

If no, specify recommended device: \_\_\_\_\_

5. Is an auxiliary water supply in the building or on the property? Yes  No

If yes, specify the source of the auxiliary supply: \_\_\_\_\_

Purpose of auxiliary supply: \_\_\_\_\_

Is the auxiliary supply connected to any part of the plumbing system? Yes  No

If yes, provide details: \_\_\_\_\_

**List all Cross Connections found:**

Provide details of all cross connections found.

Describe what equipment is being served, the location, numbers of cross connections etc.

List all existing protection found and include the size, type and serial number.

For each cross connection observed, state the degree of hazard and whether the existing protection (if any) is acceptable.

**Summary of cross connections:**

**Interior Distribution System**

Properly connected cross connections: \_\_\_\_\_

Located but unprotected cross connections: \_\_\_\_\_

**Exterior hazard points**

Properly connected cross connections: \_\_\_\_\_

Located but unprotected cross connections: \_\_\_\_\_

Backflow Prevention Devices recommended (number and type):

\_\_\_\_\_

Are all existing devices properly installed according to CSA B64.10 requirements? YES  No

Additional comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Attach site drawings, sketches, etc.

This document is intended to assist the Qualified Person in carrying out a survey to address potential cross-connection situations and is **not** to be construed as addressing all potential cross-connection situations.

It is the responsibility of the owner or building occupier to bring to the attention of the Qualified Person all water uses within the premises to permit inspection for potential cross connections and recommendation of corrective actions.

All selections shall be made in accordance with the Backflow Prevention By-law 2013-31 and current edition of CSA B64-10. The Town has jurisdiction over all selections. Survey is subject to approval before work may commence.

**Permits are required for the installation of all testable devices.**

Submit copies of this survey to the Town of The Blue Mountains Backflow Prevention Coordinator and to the Owner of this facility.

Mailing address:

Town of The Blue Mountains  
P.O. Box 310, 32 Mill St.  
Thornbury, ON, N0H 2P0  
Attention: Backflow Prevention Coordinator

*Personal Information contained on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Town Clerk, Town of The Blue Mountains, 32 Mill Street, PO Box 310, Thornbury Ontario, N0H 2P0 (519) 599-3131.*