

## **Design Level Cross Connection Survey**

For building permit applications requiring backflow protection as per Subsection 7.6.2 of the Ontario Building Code.

**Building Permit No.** 

A. Facility Info (Please fill out this section)									
Facility Name (Comr	non name of building or tenant)	Name of Owner or Organ	Name of Owner or Organization						
Unit No. Address									
City Facility Type & Hazard Level (i.e., Medical lab, retail, restaurant) (refer to CAN/CSA B64-10 for details)									
B. Primary Contact Person for Facility Info (Please fill out this section)									
Contact Person Nam	e Contact Pers	on Title C	Title Contact Person Organization						
Contact Person Mailing Address (Unit no, Street no, Street Name, City, Prov. Postal Code if different from above)									
Contact Person Ema	il Address	Contact Phone No.	Contact Cell No. (other)						
C. Building Permit Type (check ) Glossary of BFP Types									
New Building Addition Tenant Improv Plumbing only	ement	AVB are Principle Assembly PVB	Principle Assembly PVB Pressure Vacuum Breaker						
D. Service Info (Please check and fill out this section)									
Service Connections(s) and Water Meter Size (inch)         Premises Isolation at the Water Meter?           □ Combined         Size         Yes         AG RP DC Other           □ Domestic         1/2         3/4         1         11/2         2         3         Other         No         Explain           □ Irrigation         1/2         3/4         1         11/2         2         3         Other         Fire Line         RP DC Other           □ Design Line Pressure:									
E. Backflow Pr	otection Info (Please check	and fill out this section)							
Water Usage	Downstream Process	BFP Type (AG, AVB, PVB, RP, DC, DuCh)	Location (Floor Level, Room No., Equipment Tag, Etc)						
Auxiliary Water Supply	Well or Surface Water Storage Tank Reclaimed Water Rainwater Harvesting Other	BFP Type:  BFP Type:  BFP Type:  BFP Type:  BFP Type:	Location: Location: Location: Location: Location: Location:						
Fire Sprinkler System  Yes N/A	Anti-freeze (glycol system)  Wet or Dry system  Other	BFP Type: BFP Type: BFP Type:	Location: Location: Location:						
Irrigation System  Yes N/A	Chemical Injection Non-Chemical Injection Other	BFP Type:  BFP Type:	Location: Location: Location:						

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E. Backflow Protection Info (Please check ☑ and fill out this section)									
Water Usage	Downstream Process			BFP Type (AG, AVB, PVB, RP, DC, DuCh)		Location (Floor Level, Room No., Equipment Tag, Etc)			
Heating/ Cooling Equipment		Water Heater T&P Valve Boiler (water or steam) Heat Exchanger Water Cooled Equip. Other		BFP BFP BFP BFP Type:_	Type: Type: Type: Type:		Location:  Location:  Location:  Location:		
Commercial Kitchen/Bar Equipment  Yes N/A		Dish/Glass washer Canopy/Hood washer Beverage Carbonator Icemaker Other		BFP BFP BFP BFP Type:	Type: Type: Type: Type:		Location:  Location:  Location:  Location:		
Commercial Laundry/Janitor and/or Service Rooms  Yes N/A		Washing Machine Sink (inc. janitor sink) Dry Cleaning Equip. Detergent Dispenser Other		BFP BFP BFP BFP Type:_	Type: Type: Type: Type:		Location: Location: Location: Location:		
Medical/Dental and/or Labs		Medical Equip. Sink (inc. lab sink) Fume Hood (Lab) Dental Equipment Other		BFP BFP BFP BFP Type:	Type: Type: Type: Type:		Location: Location: Location: Location: Location:		
Misc. (other equipment)  ☐ Yes ☐ N/A		Hose Connection (all) Reverse Osmosis Car Wash Equip Other		BFP BFP BFP Type:	Type: Type: Type:	$\begin{vmatrix} \Rightarrow \\ \Rightarrow \end{vmatrix}$	Location:  Location:  Location:  Location:		
F. Designer/Cross Connection Control Survey Specialist (Please check ☑ and fill out this section)									
All internal cross connections protected?  Designed to CAN/CSA B64-10?  Yes  No  If Yes: Version									
I,certify that the information contained in this form and other attached documentation is true to the best of my knowledge. I also acknowledge that these listed devices will ensure compliance with the Ontario Building Code.									
Date	Date Signature of Professional Engineer OR Licensed Backfl ow Prevention Installer defined in the Region of Waterloo's Water Use By-law #14-012								
ATTACH TO: Building Permit Application SUBMIT TO: The Township of North Dumfries									

P.O. Box 1060 Ayr, ON N0B 1E0

Personal information contained on this form is collected pursuant to the Building Code and will be used for the purpose of responding to your

application. Questions about the collection of personal information should be directed to the Township Clerk at 519-632-8800

106 Earl Thompson Rd. 3rd Floor