





# Design Level Cross Connection Survey

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

E. Backflow Protection Info (Please check <input checked="" type="checkbox"/> and fill out this section)			
Water Usage	Downstream Process	BFP Type <small>(AG, AVB, PVB, RP, DC, DuCh)</small>	Location <small>(Floor Level, Room No., Equipment Tag, Etc)</small>
<b>Heating/Cooling Equipment</b> <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Water Heater T&P Valve	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Boiler (water or steam)	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Heat Exchanger	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Water Cooled Equip.	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Other _____	⇒ BFP Type: _____	⇒ Location: _____
<b>Commercial Kitchen/Bar Equipment</b> <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Dish/Glass washer	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Canopy/Hood washer	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Beverage Carbonator	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Icemaker	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Other _____	⇒ BFP Type: _____	⇒ Location: _____
<b>Commercial Laundry/Janitor and/or Service Rooms</b> <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Washing Machine Sink	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> (inc. janitor sink) Dry	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Cleaning Equip.	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Detergent Dispenser	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Other _____	⇒ BFP Type: _____	⇒ Location: _____
<b>Medical/Dental and/or Labs</b> <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Medical Equip.	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Sink (inc. lab sink)	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Fume Hood (Lab)	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Dental Equipment	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Other _____	⇒ BFP Type: _____	⇒ Location: _____
<b>Misc. (other equipment)</b> <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Hose Connection (all)	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Reverse Osmosis	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Car Wash Equip	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Other _____	⇒ BFP Type: _____	⇒ Location: _____

## F. Designer/Cross Connection Control Survey Specialist (Please check and fill out this section)

All internal cross connections protected?  Yes  No  
 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

\_\_\_\_\_  
 Signature of Professional Engineer OR Licensed Backflow 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  
 106 Earl Thompson Rd. 3rd Floor  
 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