



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 (Common name of building or tenant)		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 Name	Contact Person Title	Contact Person Organization
Contact Person Mailing Address (Unit no, Street no, Street Name, City, Prov. Postal Code if different from above)		
Contact Person Email Address	Contact Phone No.	Contact Cell No. (other)

C. Building Permit Type (check)	Glossary of BFP Types						
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Plumbing only	<p>Backflow Protection (BFP) Type Glossary</p> <table> <tr> <td>AG Air Gap</td> <td>AVB Atmospheric Vacuum Breaker</td> </tr> <tr> <td>RP Reduced Pressure Principle Assembly</td> <td>PVB Pressure Vacuum Breaker</td> </tr> <tr> <td>DC Double Check Valve Assembly</td> <td>DuCh Dual Check</td> </tr> </table>	AG Air Gap	AVB Atmospheric Vacuum Breaker	RP Reduced Pressure Principle Assembly	PVB Pressure Vacuum Breaker	DC Double Check Valve Assembly	DuCh Dual Check
AG Air Gap	AVB Atmospheric Vacuum Breaker						
RP Reduced Pressure Principle Assembly	PVB Pressure Vacuum Breaker						
DC Double Check Valve Assembly	DuCh Dual Check						

D. Service Info (Please check <input checked="" type="checkbox"/> and fill out this section)																																					
<p>Service Connections(s) and Water Meter Size (inch)</p> <table> <tr> <td><input type="checkbox"/> Combined</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Size</td> </tr> <tr> <td><input type="checkbox"/> Domestic</td> <td>1/2</td> <td>3/4</td> <td>1</td> <td>1 1/2</td> <td>2</td> <td>3</td> <td></td> <td>Other</td> </tr> <tr> <td><input type="checkbox"/> Fire</td> <td>1/2</td> <td>3/4</td> <td>1</td> <td>1 1/2</td> <td>2</td> <td>3</td> <td></td> <td>Other</td> </tr> <tr> <td><input type="checkbox"/> Irrigation</td> <td>1/2</td> <td>3/4</td> <td>1</td> <td>1 1/2</td> <td>2</td> <td>3</td> <td></td> <td>Other _____</td> </tr> </table>	<input type="checkbox"/> Combined								Size	<input type="checkbox"/> Domestic	1/2	3/4	1	1 1/2	2	3		Other	<input type="checkbox"/> Fire	1/2	3/4	1	1 1/2	2	3		Other	<input type="checkbox"/> Irrigation	1/2	3/4	1	1 1/2	2	3		Other _____	<p>Premises Isolation at the Water Meter?</p> <p>Yes AG RP DC Other _____</p> <p>No Explain _____</p> <p>Fire Line RP DC Other _____</p> <p>Design Line Pressure: _____ (psl)</p>
<input type="checkbox"/> Combined								Size																													
<input type="checkbox"/> Domestic	1/2	3/4	1	1 1/2	2	3		Other																													
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E. Backflow Protection Info (Please check <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Well or Surface Water	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Storage Tank	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Reclaimed Water	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Rainwater Harvesting	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Other _____	⇒ BFP Type: _____	⇒ Location: _____
Fire Sprinkler System <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Anti-freeze (glycol system)	⇒ BFP Type: BFP _____	⇒ Location: _____
	<input type="checkbox"/> Wet or Dry system	⇒ Type: _____	⇒ Location: _____
	<input type="checkbox"/> Other _____	⇒ BFP Type: _____	⇒ Location: _____
Irrigation System <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Chemical Injection	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Non-Chemical Injection	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Other _____	⇒ BFP Type: _____	⇒ Location: _____



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Water Usage	Downstream Process	BFP Type <small>(AG, AVB, PVB, RP, DC, DuCh)</small>	Location <small>(Floor Level, Room No., Equipment Tag, Etc)</small>
Heating/Cooling Equipment <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Water Heater T&P Valve	⇒ BFP Type: _____	⇒ Location: _____
	Boiler (water or steam)	⇒ BFP Type: _____	⇒ Location: _____
	Heat Exchanger	⇒ BFP Type: _____	⇒ Location: _____
	Water Cooled Equip.	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Other _____	⇒ BFP Type: _____	⇒ Location: _____
Commercial Kitchen/Bar Equipment <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: _____
Commercial Laundry/Janitor and/or Service Rooms <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: _____
Medical/Dental and/or Labs <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Medical Equip. Sink	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> (inc. lab sink) Fume	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Hood (Lab) Dental	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Equipment Other _____	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/>	⇒ BFP Type: _____	⇒ Location: _____
Misc. (other equipment) <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Reverse Osmosis	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Car Wash Equip	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Other _____	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/>	⇒ 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 IN PERSON TO: The Township of North Dumfries
 2958 Greenfield Rd., 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