

# Backflow Prevention Survey Report

Backflow Prevention Program - 275 Merton Street, Toronto, Ontario M4S 1A7 - Fax: 416-696-3641 \* - E-Mail - backflow@toronto.ca

1. To be Submitted by the Property Owner of an Industrial, Commercial, Institutional, or Multi-Residential facility which has **MORE THAN ONE** water service connection, or as required by the General Manager.
2. This Backflow Prevention (BFP) survey form is for **PREMISE ISOLATION ONLY**.
3. All backflow prevention devices shall be located downstream of the water meter unless otherwise authorized by the General Manager.
4. All bypass or parallel arrangements must have the same level of protection as the main water service line which is being bypassed.
5. A City Of Toronto **building permit number** is required for any installations or modifications made to a facilities plumbing system.
6. This survey must be conducted by an **Authorized Person** under City of Toronto Water Supply By-law, Municipal Code Chapter § 851-8G (Schedule 6). An Authorized Person must prove their qualification by submitting copies of their required documentation to the City Of Toronto.

Facility Address:		Property Owner Name:		Property Owner Telephone #:	
Facility Telephone #:		Facility Email:		Property Owner Address:	
Facility Type:		Property Type (As per Schedule 5):		Owner E-mail:	
<input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Institutional <input type="checkbox"/> Multi - Residential				The Number Of <b>City Of Toronto</b> Water Service Connections At This Facility: <input type="text"/>	
				What Is The Top Floor Static Water Pressure? <input type="text"/>	
<b>Please Provide A System Sketch (As Many As Needed) At The End Of This Survey. Include All Piping &amp; Devices Such As: Multiple City Of Toronto Water Meter's, Branch Connections, Hose Connection's, Split's, Or Multiple BFP Devices For Premise Isolation.</b>					

**Please complete for each Water Service Connection:**

Service Connection	Service Connection Use:	Location of Service Connection:	Size of Service Line (Diameter):	Water Meter Serial #:	Water Meter Account(s) #:	The Water Meter Account # Can Be Found On Any Water Bill Payments.	
Service Connection 1 BFP1	Hazard Classification:	Is a BFP Device Installed? (If No, please provide a recommendation for the type of device required, along with the make and model.) <input type="radio"/> Yes <input type="radio"/> No		Is There an Unprotected Branch Connection, Hose Connection, Or A Split Between The Water Meter & The BFP Device? <input type="radio"/> Yes <input type="radio"/> No		Is the BFP Device Installed <b>After</b> The Water Meter? <input type="radio"/> Yes <input type="radio"/> No	
	(Fire System's Only) Is There Foam or Chemical Addition? <input type="radio"/> Yes <input type="radio"/> No	Type of BFP Device:	Manufacturer:	Model:	Serial #:	Device Size:	
	Orientation of the BFP Device: <input type="radio"/> Horizontal <input type="radio"/> Vertical	Physical Condition of the BFP Device: <input type="radio"/> Good <input type="radio"/> Leaking <input type="radio"/> Damaged		Is there a BFP device installed in parallel? If yes, please provide the details of the BFP below. <input type="radio"/> Yes <input type="radio"/> No			
	Is There a Detector Check Valve? <input type="radio"/> Yes <input type="radio"/> No	Does the location where the BFP Device is installed have adequate drainage? <input type="radio"/> Yes <input type="radio"/> No		If Applicable, Please provide a recommended date for the installation of the device (YYYY/MM/DD): <input type="text"/>			
	Is there a Bypass for the meter? <input type="radio"/> Yes <input type="radio"/> No	Is there a Water System Drain at the Meter? <input type="radio"/> Yes <input type="radio"/> No		Remarks: <input type="text"/>			
Service Connection 2 BFP1	Type of BFP Device:	Manufacturer:	Model:	Serial #:	Device Size:	Remarks:	
	Service Connection Use:	Location of Service Connection:	Size of Service Line (Diameter):	Water Meter Serial #:	Water Meter Account #:	The Water Meter Account # Can Be Found On Any Water Bill Payments.	
	Hazard Classification:	Is a BFP Device Installed? (If No, please provide a recommendation for the type of device required, along with the make and model.) <input type="radio"/> Yes <input type="radio"/> No		Is There A Branch Connection, Hose Connection, Or A Split Between The Water Meter & The BFP Device? <input type="radio"/> Yes <input type="radio"/> No		Is the BFP Device Installed <b>After</b> The Water Meter? <input type="radio"/> Yes <input type="radio"/> No	
	(Fire System's Only) Is There Foam or Chemical Addition? <input type="radio"/> Yes <input type="radio"/> No	Type of BFP Device:	Manufacturer:	Model:	Serial #:	Device Size:	
	Orientation of the BFP Device: <input type="radio"/> Horizontal <input type="radio"/> Vertical	Physical Condition of the BFP Device: <input type="radio"/> Good <input type="radio"/> Leaking <input type="radio"/> Damaged		Is there a BFP device installed in parallel? If yes, please provide the details of the BFP below. <input type="radio"/> Yes <input type="radio"/> No			
Is There a Detector Check Valve? <input type="radio"/> Yes <input type="radio"/> No	Does the location where the BFP Device is installed have adequate drainage? <input type="radio"/> Yes <input type="radio"/> No		If Applicable, Please provide a recommended date for the installation of the device (YYYY/MM/DD): <input type="text"/>				
Is there a Bypass for the meter? <input type="radio"/> Yes <input type="radio"/> No	Is there a Water System Drain at the Meter? <input type="radio"/> Yes <input type="radio"/> No		Remarks: <input type="text"/>				
Service Connection 2 BFP2	Type of BFP Device:	Manufacturer:	Model:	Serial #:	BFP Device Size:	Remarks:	

Service Connection 3 BFP1	Service Connection Use:	Location of Service Connection:	Size of Service Line (Diameter):	Water Meter Serial #:	The Water Meter Account # Can Be Found On Any Water Bill Payments.			
	Hazard Classification:	Is a BFP Device Installed? (If No, please provide a recommendation for the type of device required, along with the make and model.) <input type="radio"/> Yes <input type="radio"/> No		Is There A Branch Connection, Hose Connection, Or A Split Between The Water Meter & The BFP Device? <input type="radio"/> Yes <input type="radio"/> No	Is the BFP Device Installed After The Water Meter? <input type="radio"/> Yes <input type="radio"/> No			
	(Fire System's Only) Is There Foam or Chemical Addition? <input type="radio"/> Yes <input type="radio"/> No	Type of BFP Device:	Manufacturer:	Model:	Serial #:	Device Size:	Orientation of the BFP Device: <input type="radio"/> Horizontal <input type="radio"/> Vertical	
	Is There a Detector Check Valve? <input type="radio"/> Yes <input type="radio"/> No	Does the location where the BFP Device is installed have adequate drainage? <input type="radio"/> Yes <input type="radio"/> No		If Applicable, Please provide a recommended date for the installation of the device (YYYY/MM/DD):			Is there a BFP device installed in parallel? If yes, please provide the details of the BFP below.  <input type="radio"/> Yes <input type="radio"/> No	
	Is there a Bypass for the meter? <input type="radio"/> Yes <input type="radio"/> No Is there a Water System Drain at the Meter? <input type="radio"/> Yes <input type="radio"/> No	Remarks:						
Service Connection 3 BFP2	Type of BFP Device	Manufacturer:	Model:	Serial #:	BFP Device Size:	Remarks:		
Service Connection 4 BFP1	Service Connection Use:	Location of Service Connection:	Size of Service Line (Diameter):	Water Meter Serial #:	The Water Meter Account # Can Be Found On Any Water Bill Payments.			
	Hazard Classification:	Is a BFP Device Installed? (If No, please provide a recommendation for the type of device required, along with the make and model.) <input type="radio"/> Yes <input type="radio"/> No		Is There A Branch Connection, Hose Connection, Or A Split Between The Water Meter & The BFP Device? <input type="radio"/> Yes <input type="radio"/> No	Is the BFP Device Installed After The Water Meter? <input type="radio"/> Yes <input type="radio"/> No			
	(Fire System's Only) Is There Foam or Chemical Addition? <input type="radio"/> Yes <input type="radio"/> No	Type of BFP Device:	Manufacturer:	Model:	Serial #:	Device Size:	Orientation of the BFP Device: <input type="radio"/> Horizontal <input type="radio"/> Vertical	
	Is There a Detector Check Valve? <input type="radio"/> Yes <input type="radio"/> No	Does the location where the BFP Device is installed have adequate drainage? <input type="radio"/> Yes <input type="radio"/> No		If Applicable, Please provide a recommended date for the installation of the device (YYYY/MM/DD):			Is there a BFP device installed in parallel? If yes, please provide the details of the BFP below.  <input type="radio"/> Yes <input type="radio"/> No	
	Is there a Bypass for the meter? <input type="radio"/> Yes <input type="radio"/> No Is there a Water System Drain at the Meter? <input type="radio"/> Yes <input type="radio"/> No	Remarks:						
Service Connection 4 BFP2	Type of BFP Device	Manufacturer:	Model:	Serial #:	BFP Device Size:	Remarks:		
Is there any other source of water, such as a private well, at this location? <input type="radio"/> No <input type="radio"/> Yes		If yes, is it protected by a BFP Device? <input type="radio"/> Yes <input type="radio"/> No		Type of BFP Device:	Manufacturer:	Model:	Serial #:	Device Size:
All Backflow Preventers shall be selected as per the Standard CSA B64.10-01. Any current installations that do not comply with this standard shall be replaced at the owner's expense.								
<b>Certification:</b>								
Survey Undertaken By (Surveyor's Name):			OWWA #:		Surveyor Phone #:		Email:	
Surveyor Company Name:					Company Address:			

for arc office use only

We hereby certify that the information provided above (Backflow Prevention Survey) is true and correct to our knowledge. We further understand that falsification of this information could result in fines and charges under Municipal Code Chapter § 851.

Surveyor's Signature:	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	Date (yyyy/mm/dd)	Owner's Signature:	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	Date (yyyy/mm/dd)
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The personal information on this form is collected under the authority of the City of Toronto Act, 2006, s. 136(c), By-law 1163-2007, and Chapter 851 of the Toronto Municipal Code. The information is used to ensure backflow prevention from a private water system into the City of Toronto's waterworks. Questions about this collection can be directed to: Toronto Water, Backflow Prevention Program, 275 Merton St. Toronto, Ontario, M4S 1A7, by telephone at 416-394-8888, or by e-mail at backflow@toronto.ca