



**CROSS CONNECTION SURVEY
for PREMISES ISOLATION ONLY**

of Water Services _____
of Units _____

Appendix B
Page ____ of ____

Property Occupant: _____		Property Address, _____ Unit, _____				Report Given to: _____		
Location ID: (top right hand side of letter) _____		Town, _____		Postal Code _____		Phone # _____		Date of Survey (mm/dd/yyyy) _____
Location of Cross Connection & Existence of Premises Isolation (PI)	Existing Backflow Preventer (BF) TYPE	Serial # of existing Backflow Preventer	Last Tested (mm/dd/yyyy)	BF Size	Meter Serial #	Size of Meter	Location and Protection Type (Premises Isolation, Zone, Area / Fixture Isolation)	Please identify the type of backflow preventor required to meet By-Law #79-19 Premises Isolation requirements
Domestic Cold Water Service #1	YES NO BF?: _____							
Is there a Bypass Around the Water Meter?	YES NO BF?: _____							
Is the Bypass Protected by a BF?	YES NO BF?: _____							
Fire Suppression System Class : 1 2 3 4 5 6 Chemical:	YES NO BF?: _____							
Lawn Irrigation	YES NO BF?: _____							
Metered or Not Metered ?	YES NO BF?: _____							
Auxiliary Water Source?	YES NO BF?: _____							
Hose Bibb with Threads?	Yes / No	Before or After Meter/Backflow			Overall Building Hazard		Severe / Moderate	
Trap Seal Primers?	Yes / No	Before or After Meter/Backflow			Status of Bypass		Sealed & Closed or Seal Broken / Opened	
Pressure Reducing Valve?	Yes / No	Before or After Meter/Backflow			Multi – Residential High Rise		# of Stories _____ / # of Units _____	
Annual Fire Inspection	Yes / No	Submit with this Survey?			Townhouse Complex or Strip Plaza / Mall		Bulk Metered or Individual Meters in each unit	
<p>Property Owner: I confirm the Authorized Tester has explained any cross connections that have been found during this cross connection survey at the location stated above. I have been advised of the steps required to eliminate the above listed cross-connections. I understand it is the Owners responsibility to eliminate any cross connections inside the property and to obtain a Building Permit prior to the installation of any backflow prevention devices.. I understand the Cross Connection Control Coordinator will be in contact to verify the installation of mandatory backflow prevention devices as per By-Law 79-19. I understand it is the Owner's responsibility to forward the Survey Fee, along with the Survey Report, within 30 days of the survey date, to Halton Region, Cross Connection Control Program, 1151 Bronte Road, Oakville, Ontario L6M 3L1. (Only Completed Signed forms will be accepted).</p>								
Print Owner Name _____		Owners Signature _____		Date (mm/dd/yyyy) _____		Property Owner Address _____		
Email Address _____		Phone # _____		Town, _____		Province _____		Postal Code _____
<p>Contractor: I confirm that I have explained the above noted cross-connections during the cross-connection survey and have advised the Owner of the necessary steps in eliminating the above listed and any other cross connections found inside the property. I advised the Owner that Building Permits must be obtained prior to the installation of backflow prevention devices.</p>								
Authorized Tester Name _____		Signature _____		Company Name _____		Phone #: _____		Date (mm/dd/yyyy) _____

for arc office use only

Original: Halton Region

Copy: Owner or Occupant

Copy: Certified Tester