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January 18, 2018
File: WP PT-01.00

ATTENTION:

RE: BACKFLOW PREVENTION BY-LAW 10-2017

Public Works

3515 Wolfedale Rd.
Mississauga, ON
L5C 1V8
tel: 905-791-7800

peelregion.ca

On April 1st, 2017, Regional Council passed the Backflow Prevention By-law 10-2017. The purpose of the By-law is the prevention of backflow into the Regional Municipality of Peel's Drinking Water System to ensure that we deliver clean and safe drinking water to all of our residents and businesses.

Section 3 of the by-law requires all facilities complete an initial Cross Connection Survey. Surveys are to be submitted within 90 days of receiving notice. This letter will serve as notice of the requirement of your facility to complete a Cross Connection Survey.

Enclosed is a copy of the Cross-Connection Survey, Backflow Prevention Device Test Report and Application of Qualified Person Registry to be completed. If the person completing the survey is pre-registered with the Region of Peel, the Qualified Person Registry does not need to be completed. Your survey must be returned to our office no later than **April 19, 2018.**

There is a $50.00 (No HST) fee per facility for the survey and test report. Please submit a cheque for $50.00 payable to "Region of Peel".

A copy of the by-law can be found at:
https://www.peelregion.ca/council/bylaws/2010s/2017/bl-10-2017.pdf

If you have any questions, please feel free to contact our office at (905) 791-7800, Ext. 3101 or via email at backflowprevention@peelregion.ca

Elaine Gilliland

Elaine Gilliland, B.Sc.
Manager
Environmental Control section
Wastewater Division

EG/yh

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Cross-Connection Survey

Cross-Connection Control Program
Environmental Control

Survey Date: _____
Year on Day

Surveyor Information (please print)

Surveyor Company: _____ Surveyor Name: _____
Surveyor Address: _____ Surveyor Certification # _____ Exp. Date: _____
Surveyor Email: _____ Phone #: _____ Cell #: _____

Facility Information

Facility Name: _____
Facility Rep/Contact: _____ Phone #: _____ Facility Address: _____
Email: _____ City: _____ Postal Code: _____
Owner Name: _____ Mailing Address: _____
Owner Rep/Contact: _____ Phone #: _____ City: _____ Postal Code: _____
Owner Rep Email: _____ Facility Rep Email: _____

Service Information

Premise: ☐ | Is the service metered? ☐ Yes ☐ No | Number of Connections: _____
Zone: ☐ | Meter 1 Serial: _____ Size: _____ | Meter 3 Serial: _____ Size: _____
Source: ☐ | Meter 2 Serial: _____ Size: _____ | Meter 4 Serial: _____ Size: _____
Does the facility require non-interrupted water Service?: ☐ Yes ☐ No | Meter 5 Serial: _____ Size: _____

Description of Facility Use (i.e. manufacturing, school, etc.):

Facility Type (Industrial etc.) | # Units: _____ | # Storeys: _____

Premise Isolation

What is Premise Hazard Level? ☐ Minor ☐ Moderate ☐ Severe
Does the facility have a premise isolation device? ☐ Yes ☐ No
If yes, which device? ☐ RP ☐ DCVA ☐ Other _____
Is the plumbing protected from thermal expansion?: Yes ☐ No ☐

Process Water

Is process water in use at this facility? ☐ Yes ☐ No
If yes, is the process water potable? ☐ Yes ☐ No
Are the process water lines backflow protected? ☐ Yes ☐ No
If yes, which device? ☐ RP ☐ DCVA ☐ Other _____

Chemical Feed System

Is there a chemical feed system in this facility? ☐ Yes ☐ No
If yes, is the system backflow protected? ☐ Yes ☐ No
If yes, what type of Backflow device is in use? ☐ RP ☐ DCVA ☐ Other
What is the possible contamination? _____

Non-Potable/Non-Peel Source Water

Is non-potable or non-Peel water in use? ☐ Yes ☐ No
Is it source protected with a backflow device? ☐ Yes ☐ No
If yes, which device? ☐ RP ☐ DCVA ☐ Other _____
What is the source of this water (Well, pond, etc)?

Boiler System

Does the facility have a boiler system? ☐ Yes ☐ No
Does this system use chemical additives? ☐ Yes ☐ No
If yes, is it protected with a backflow device? ☐ Yes ☐ No
If yes, which device? ☐ RP ☐ DCVA ☐ Other _____

Facility Cooling System

Does the facility have a cooling system? ☐ Yes ☐ No
Is the cooling system backflow protected? ☐ Yes ☐ No
Is the make-up supply line in use on the condensing lines? ☐ Yes ☐ No
Are the condensing lines protected with a backflow device? ☐ Yes ☐ No

Fire Protection System (FPS)

Does the facility have a FPS? ☐ Yes ☐ No
Does it have a dedicated wa ☐ Yes ☐ No
What type of Backflow device is in use on the FPS?
☐ RP ☐ DCVA ☐ Other _____

Irrigation System

Is there an irrigation system present? ☐ Yes ☐ No
Is it protected with a backflow device? ☐ Yes ☐ No
If Yes, What type of Backflow device is in use?
☐ RP ☐ DCVA ☐ Other _____

Facility Cooling System

If Yes, what type of Backflow device is in use?
☐ RP ☐ DCVA ☐ Other _____
If Yes, What type of Backflow device is in use on the make-up supply system?
☐ RP ☐ DCVA ☐ Other _____

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Cross-Connection Survey

Cross-Connection Control Program
Environmental Control

LIST ALL CROSS CONNECTIONS FOUND WITHIN THE FACILITY PLEASE INCLUDE THOSE LISTED ABOVE				
Location of Cross Connection & Type of Hazard	Degree of Hazard Severe / Moderate / Low	Acceptable Protection Yes / No	Protection: Size, Type, Serial Number, Required Upgrade	Required Upgrade

This form is intended to assist the qualified person in carrying out a survey to address potential cross connection situations. It is the responsibility of the owner/occupier of the building to bring to the attention of the qualified person all water uses within the premises to permit inspection for potential cross connections and recommendation of corrective actions. All selections shall be made in accordance with the backflow prevention by-law and current edition of CSA B64-10. Survey subject to approval before work may commence. Permits are required for installation of all testable devices and can be obtained from the city or town's building department. Submit copies of this Survey to The Region of Peel, Backflow Prevention, Environmental Control 3515 Wolfedale Rd, Mississauga, Ontario, L5C 1V8 backflowprevention@peelregion.ca. A $50 fee payable to The Region of Peel by the property owner is required upon submission of this form.

Owner/Representative's Name: _____
Owner/Representative's Title: _____
Owner/Representative's Signature: _____
Date: _____

Surveyor's Name: _____
Surveyor's Signature: _____
Surveyor's OWWA Cert.# _____ Exp. Date: _____
Date: _____

By signing this, the above signatories certify that the cross-connection survey findings are true.

A copy of this survey must be submitted to the Region of Peel - Environmental Control within 14 Days of completion, failure to do so will result in non-compliance of By-law No. 10-2017

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Backflow Prevention Device Test Report

Cross-Connection Control Program
Environmental Control

Facility and Device Information (please print)

Test Date: _____ (Year / Month / Day)

Facility Name: _____
Street Address: _____
City: _____ Postal Code: _____
Owner/Occupier Name: _____ Phone: _____
Location of Assembly: _____
Assembly: _____ (Manufacturer / Model / Serial No. / Size)

Tester Information (please print)

Company Name: _____
Tester's Name: _____
Email: _____
Business Phone: _____ Cert #: _____

System: ☐ Domestic ☐ Irrigation ☐ Fire ☐ Bypass ☐ Other _____
Air Gap: ☐ Yes ☐ No

Test

DCVA			PVB, SRPVB		
Check Valve #1 ☐ Closed Tight ☐ kPa ☐ psi	Check Valve #2 ☐ Closed Tight ☐ kPa ☐ psi	Test ☐ Pass ☐ Fail	Air Inlet Valve Opening Point ☐ kPa ☐ psi	Check Valve Pressure Drop ☐ kPa ☐ psi	Test ☐ Pass ☐ Fail

RP				
Check Valve #1 ☐ Closed Tight (A) ☐ kPa ☐ psi	Check Valve #2 ☐ Closed Tight ☐ kPa ☐ psi	Opening Point of Relief Valve (B) ☐ kPa ☐ psi	Differential: A - B = C ☐ 3 psi or greater (C) ☐ kPa ☐ psi	Test ☐ Pass ☐ Fail

IF ANY TESTS IN THE SECTION ABOVE ARE MARKED AS FAILED OR OTHER ISSUES ARE NOTED, REMARKS MUST BE MADE ON PAGE 2

Retest

DCVA			PVB, SRPVB		
Check Valve #1 ☐ Closed Tight ☐ kPa ☐ psi	Check Valve #2 ☐ Closed Tight ☐ kPa ☐ psi	Retest ☐ Pass ☐ Fail	Air Inlet Valve Opening Point ☐ kPa ☐ psi	Check Valve Pressure Drop ☐ kPa ☐ psi	Retest ☐ Pass ☐ Fail

RP				
Check Valve #1 ☐ Closed Tight (A) ☐ kPa ☐ psi	Check Valve #2 ☐ Closed Tight ☐ kPa ☐ psi	Opening Point of Relief Valve (B) ☐ kPa ☐ psi	Differential: A - B = C ☐ 3 psi or greater (C) ☐ kPa ☐ psi	Retest ☐ Pass ☐ Fail

Assembly Information

RP ☐ PVB ☐ New ☐
DCVA ☐ SRPVB ☐ Existing ☐
Other ☐ _____ Replacement ☐
☐ Assembly Removed: _____ (year) (month) (day)

Line Pressure at time of test: _____ ☐ kPa ☐ psi

Type of Isolation	Device Orientation
☐ Premise ☐ Zone ☐ Source	☐ Horizontal ☐ Vertical ☐ Other _____ Refer to CSA Standards B64 Series

Hazard Level	Shut Off Valves
☐ Severe ☐ Moderate ☐ Minor	Pass / Valve / Fail ☐ #1 ☐ ☐ #2 ☐
Refer to CSA Standards	If failed, please put remarks on page 2

☐ Shut off valves returned to open Position

Test Equipment Used

Diff. Gauge Model: _____
Diff. Gauge Serial #: _____
Calibrated by: _____
Calibration Date: _____

I certify that I have tested the above assembly and that it meets the performance requirements as per by-law 10-2017. This report must be submitted within 14 days of test or installation.

Tester's Signature: _____
Land Owner' Signature: _____
Date Signed: _____

Submit to Environmental Control:
3515 Wolfedale Rd., Mississauga, Ontario, L5C 1V8
or Scan and Email to:
BackflowPrevention@peelregion.ca

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Backflow Prevention Device Test Report

Cross-Connection Control Program
Environmental Control

Causes for Backflow Prevention Device Assembly Failure

If any of these boxes are checked or any other irregularities noticed, a detailed written explanation must be completed in the remarks section.

- ☐ Foreign matter introduced during construction
- ☐ Sand or grit inherent to the supply system
- ☐ Copper filings, solder or pipe dope
- ☐ Nuts, bolts, washers, etc. (not from assembly)
- ☐ Paper, cardboard or sawdust
- ☐ Kinking of external sensing line
- ☐ Air entrapment
- ☐ Tuberculation or rust
- ☐ Abnormal rubber disc wear or cuts
- ☐ Loss of interior coating
- ☐ Disc retainer fractured or worn
- ☐ Springs broken
- ☐ O-Rings pinched or cut
- ☐ Retainer nut
- ☐ Improper machining or casting
- ☐ Guide mechanism damaged
- ☐ Plugged sensing line
- ☐ Other

Remarks (Please PRINT clearly)

Backflow Prevention Device Assembly

If any of these boxes are checked or any other irregularities noticed, a detailed written explanation must be completed in the remarks section.

- ☐ Improper assembly installed for degree of hazard
- ☐ Shutoff valve/s will not close
- ☐ Test cocks missing from assembly
- ☐ Improper (unapproved) installation
- ☐ Vertical installation
- ☐ Assembly replaced
- ☐ Assembly no longer required
- ☐ Could not test
- ☐ Other

Remarks (Please PRINT clearly)

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Application for Qualified Persons Registry

Required Documentation

(All items must be submitted with application)

1. Current OWWA Cross Connection Control Specialist Certification for each specialist
2. Trade of professional certificate for each specialist
3. Current Certificate of insurance
4. Current Certificate of Calibration for each test kit

Business/Company Information

Company Name:		
Address:	**City:**	**Postal Code:**
Phone:	**Fax:**	**Cell:**
Contact(name/title):	**Email:**	

Qualified Persons

Please list all Cross Connection Control Specialists you wish to register with the Region of Peel

Name (as it appears on certification)	Current OWWA Specialist # with expiry date	Current OCOT Membership # with expiry date
1.		
2.		
3.		
4.		
5.		

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Applicant Name (please print)	Applicant Signature	Date

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Mississauga, ON
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Tel: 905-791-7800 x8546
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