



Water Operations / Backflow  
 Box 400, Barrie, ON L4M 4T5  
 20 Royal Parkside Drive  
 Tel: 705-739-4220 Ext. 4890  
 Fax: 705-792-7921  
 Email: backflow@barrie.ca

# CROSS CONNECTION SURVEY FORM : PART A - GENERAL

FULL DISCLOSURE REQUIRED: This form is intended to assist the Qualified Person in carrying out a survey and is not to be construed as addressing all potential cross connection situations. It is the responsibility of the owner or building occupier, to bring to the attention of the Qualified Person all water uses within the premises to permit inspection for potential cross connection and recommendations of corrective actions. Part A of this Survey is not valid unless accompanied by Part B.

Property Name: (Common name of building/tenant)		Property Address:		Primary Contact Person for Property:		Phone:	
						E-Mail:	
Owner/Business Name:		Mailing Address of Owner/Business:				Phone:	
						E-Mail:	
Qualified Person:		Qualified Company Name:		Qualified Person's Cross Connection Control (CCC) Certification # :		(CCC) Certification Date:	Date Surveyed:
						mm / dd / yy	mm / dd / yy
Building Use/Description:		Degree of Hazard (DoH) - Premise: MODERATE (MoH) <input type="checkbox"/> SEVERE (HH) <input type="checkbox"/>		If Degree of Hazard - Premise is MINOR (MH), an explanation is required on Part B - Summary of this survey		<b>ALL FIELDS ARE MANDATORY. THIS SURVEY MUST BE SUBMITTED TO THE CITY OF BARRIE WITHIN 60 DAYS OF THE DATE OF REQUEST.</b>	
Premise Isolation - Domestic		Premise Isolation - Fire				Auxiliary Water Supply	
Type of Premise Isolation - Domestic? DCVA <input type="checkbox"/> RP <input type="checkbox"/> None <input type="checkbox"/>		Water Service Size: _____		Fire protection system on the property? Yes <input type="checkbox"/> No <input type="checkbox"/>		Type of Premise Isolation - Fire: SCVAF <input type="checkbox"/> DCVA <input type="checkbox"/> No Protection <input type="checkbox"/> Alarm Valve <input type="checkbox"/> RP <input type="checkbox"/>	
If Testable Device is Present, Fill In Device Information Below		If Fire System is Present, Fill In System Information Below				"Auxiliary Water Supply " (AUX) means any water source or system, other than the City's municipal drinking water system, that may be available in a building or on the property.	
Protection Against Thermal Expansion Present? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is Premise Isolation-Domestic By-Passed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Valid Test Tag Affixed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is there chemical addition? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is there a pump installed on the Fire System? Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire Service Size: _____	AUX on the property? Yes <input type="checkbox"/> No <input type="checkbox"/>	Source of AUX? _____
If Testable Device is Present, Fill In Device Information Below		If Testable Device is Present, Fill In Device Information Below				What is AUX being used for? _____	
Manufacture: _____	Model #: _____	Manufacture: _____	Model #: _____	Serial #: _____		Is Auxiliary Water Supply Physically Connected to any Part of The Plumbing System or the Municipal Drinking Water System? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Serial #: _____	Device Size: _____	Device Size: _____	Valid Test Tag Affixed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is Premise Isolation- Fire By-Passed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<p><b>"Owner"</b> shall include any person or any firm or corporation that is the registered owner of the property under consideration or any agent thereof, a person entitled to a limited estate in land, a trustee in whom the land is vested, a committee of the estate of a mentally incompetent person, an executor, an administrator or a guardian.</p> <p><b>"Municipal Drinking Water System"</b> means the City's system of works, excluding a plumbing system, that is established for the purpose of providing users of the system with drinking water.</p> <p><b>"Plumbing System"</b> means a system for water not on the City right of ways and easements, separate from the municipal drinking water system as defined in the Ontario Building Code, as amended.</p>							
NAME OF OWNER: (Please Print)			OWNERS SIGNATURE:			QUALIFIED PERSONS SIGNATURE:	
_____			_____			_____	
FOR OFFICE USE ONLY		DATE REQUESTED ___ / ___ / ___ mm/dd/yy		APPROVED BY _____ ON ___ / ___ / ___ mm/dd/yy			

The personal information collected herein is subject to the Municipal Freedom of Information and Protection of Privacy Act. The information is collected under the authority of the City of Barrie Backflow Prevention and Cross Connection Control By-law, as amended and may be used for the enforcement and administration of the By-law, and will be stored by the City for such period of time which facilitates the enforcement and administration of the By-law. Completion of this form constitutes consent by the owner and qualified person to these terms and uses.



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Include all points of potable and non-potable water use and any actual or potential connection between a potable water supply or system (including the municipal drinking water system) and any other water supply and all sources of pollution or contamination and include any by-pass, jumper connection, removable section of pipe, swivel or changeover device and any other temporary or permanent connection arrangement through which backflow may occur and any existing protection. Part B of this Survey is not valid unless accompanied by Part A and all pages are numbered.

Property Name (Common name of building or tenant)	Street Address of Property:
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**UPON IDENTIFICATION OF SEVERE OR HIGH HAZARD, THE QUALIFIED PERSON, OR OWNER WITHIN 24 HOURS SHALL NOTIFY THE WATER OPERATIONS BRANCH IN WRITING**

**A source isolation backflow prevention device previously installed by the manufacturer of equipment must be clearly identified on this survey**

Abbreviations: DEGREE OF HAZARD = **DoH**      MINOR HAZARD = **MH**      MODERATE HAZARD = **MoH**      SEVERE HAZARD = **HH**

ITEM #	LOCATION	DESCRIPTION	DoH	TYPE OF EXISTING PROTECTION	RECOMMENDATIONS / SCHEDULE OF WORK

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CROSS CONNECTION SURVEY FORM : **PART B - SUMMARY** Page 3 of \_\_

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