



# Design Level Cross Connection Survey

(for building permit applications requiring backflow protection as per Subsection 7.6.2 of the Ontario Building Code and City's Water Use Bylaw #146-03)

Planning Services Dept  
Building & Enforcement

Building Permit No. \_\_\_\_\_

|  |   |                               |  |
|--|---|-------------------------------|--|
| <b>A. Facility Info (Please fill out this section)</b> |   |                               |  |
| Facility Name (Common name of building or tenant)      |   | Name of Owner or Organization |  |
| Unit No.   | Address   |                               |  |
| City<br>CAMBRIDGE                                      | Facility Type & Hazard Level (i.e. Medical lab, retail, restaurant) (refer to CAN/CSA B64-10 for details) |                               |  |

|   |                      |                             |  |
|---|----------------------|-----------------------------|--|
| <b>B. Primary Contact Person for Facility Info (Please fill out this section)</b>                                 |                      |                             |  |
| 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)    |  |

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

|  |   |
|--|---|
| <b>D. Service Info (Please check <input checked="" type="checkbox"/> and fill out this section)</b>  |   |
| <b>Service Connections(s) and Water Meter Size (inch)</b><br><input type="checkbox"/> Combined Size _____<br><input type="checkbox"/> Domestic 1/2 3/4 1 1 1/2 2 3 Other _____<br><input type="checkbox"/> Fire 1/2 3/4 1 1 1/2 2 3 Other _____<br><input type="checkbox"/> Irrigation 1/2 3/4 1 1 1/2 2 3 Other _____ | <b>Premises Isolation at the Water Meter?</b><br><b>Yes</b> AG RP DC Other _____<br><b>No</b> Explain _____<br><b>Fire Line</b> RP DC Other _____<br><b>Design Line Pressure:</b> _____ (psi) |

| <b>E. Backflow Protection Info (Please check <input checked="" type="checkbox"/> and fill out this section)</b> |  |   |  |
|---|--|---|--|
| Water Usage   | Downstream Process                                   | BFP Type<br><small>(AG, AVB, PVB, RP, DC, DuCh)</small> | Location<br><small>(Floor Level, Room No., Equipment Tag, Etc)</small> |
| <b>Auxiliary Water Supply</b><br><br><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: _____  |
| <b>Fire Sprinkler System</b><br><br><input type="checkbox"/> Yes <input type="checkbox"/> N/A                   | <input type="checkbox"/> Anti-freeze (glycol system) | ⇒ BFP Type: _____                                       | ⇒ Location: _____  |
|   | <input type="checkbox"/> Wet or Dry system           | ⇒ BFP Type: _____                                       | ⇒ Location: _____  |
|   | <input type="checkbox"/> Other _____                 | ⇒ BFP Type: _____                                       | ⇒ Location: _____  |
| <b>Irrigation System</b><br><br><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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Planning Services Dept  
Building & Enforcement

Facility Name \_\_\_\_\_

## E. Backflow Protection Info (Please check and fill out this section)

| Water Usage   | Downstream Process   | BFP Type<br><small>(AG, AVB, PVB, RP, DC, DuCh)</small>   | Location<br><small>(Floor Level, Room No., Equipment Tag, Etc)</small>                                |
|---|--|---|---|
| <b>Heating/Cooling Equipment</b><br><br><input type="checkbox"/> Yes <input type="checkbox"/> N/A                       | <input type="checkbox"/> Water Heater T&P Valve<br><input type="checkbox"/> Boiler (water or steam)<br><input type="checkbox"/> Heat Exchanger<br><input type="checkbox"/> Water Cooled Equip.<br><input type="checkbox"/> Other _____ | ⇒ BFP Type: _____<br>⇒ BFP Type: _____<br>⇒ BFP Type: _____<br>⇒ BFP Type: _____<br>⇒ BFP Type: _____ | ⇒ Location: _____<br>⇒ Location: _____<br>⇒ Location: _____<br>⇒ Location: _____<br>⇒ Location: _____ |
| <b>Commercial Kitchen/Bar Equipment</b><br><br><input type="checkbox"/> Yes <input type="checkbox"/> N/A                | <input type="checkbox"/> Dish/Glass washer<br><input type="checkbox"/> Canopy/Hood washer<br><input type="checkbox"/> Beverage Carbonator<br><input type="checkbox"/> Icemaker<br><input type="checkbox"/> Other _____                 | ⇒ BFP Type: _____<br>⇒ BFP Type: _____<br>⇒ BFP Type: _____<br>⇒ BFP Type: _____<br>⇒ BFP Type: _____ | ⇒ Location: _____<br>⇒ Location: _____<br>⇒ Location: _____<br>⇒ Location: _____<br>⇒ Location: _____ |
| <b>Commercial Laundry/Janitor and/or Service Rooms</b><br><br><input type="checkbox"/> Yes <input type="checkbox"/> N/A | <input type="checkbox"/> Washing Machine<br><input type="checkbox"/> Sink (inc. janitor sink)<br><input type="checkbox"/> Dry Cleaning Equip.<br><input type="checkbox"/> Detergent Dispenser<br><input type="checkbox"/> Other _____  | ⇒ BFP Type: _____<br>⇒ BFP Type: _____<br>⇒ BFP Type: _____<br>⇒ BFP Type: _____<br>⇒ BFP Type: _____ | ⇒ Location: _____<br>⇒ Location: _____<br>⇒ Location: _____<br>⇒ Location: _____<br>⇒ Location: _____ |
| <b>Medical/Dental and/or Labs</b><br><br><input type="checkbox"/> Yes <input type="checkbox"/> N/A                      | <input type="checkbox"/> Medical Equip.<br><input type="checkbox"/> Sink (inc. lab sink)<br><input type="checkbox"/> Fume Hood (Lab)<br><input type="checkbox"/> Dental Equipment<br><input type="checkbox"/> Other _____              | ⇒ BFP Type: _____<br>⇒ BFP Type: _____<br>⇒ BFP Type: _____<br>⇒ BFP Type: _____<br>⇒ BFP Type: _____ | ⇒ Location: _____<br>⇒ Location: _____<br>⇒ Location: _____<br>⇒ Location: _____<br>⇒ Location: _____ |
| <b>Misc. (other equipment)</b><br><br><input type="checkbox"/> Yes <input type="checkbox"/> N/A                         | <input type="checkbox"/> Hose Connection (all)<br><input type="checkbox"/> Reverse Osmosis<br><input type="checkbox"/> Car Wash Equip<br><input type="checkbox"/> Other _____  | ⇒ BFP Type: _____<br>⇒ BFP Type: _____<br>⇒ BFP Type: _____<br>⇒ BFP Type: _____                      | ⇒ Location: _____<br>⇒ Location: _____<br>⇒ Location: _____<br>⇒ 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 City's Water Use By-law #146-03

ATTACH TO: Building Permit Application

MAIL OR FAX TO: The Corporation of the City of Cambridge  
50 Dickson Street, P.O. Box 669  
Cambridge, ON N1R 5W8  
Attention Building Division Fax: 519.622.6184

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 Corporate Records Coordinator/Deputy City Clerk at 519.740.4680