



Municipal Works Division
 1225 Ontario Street
 Cornwall, ON K6H 5T9
 Tel: (613) 930-2787 ext 2253
 Fax: (613) 933-8567
 Email: backflow@cornwall.ca

WATER WORKS BY-LAW
 2016-019

CROSS CONNECTION SURVEY REPORT FOR PREMISE ISOLATION

Date of Survey: ____/____/____
DD MM YY

Facility Address: _____ Page No: 1 of _____

Type of Water Use: Industrial Commercial Institutional Multi-Residential(greater than 3 stories)

Completed report given to: Property Owner Building Occupant Other: _____

Qualified Person		Property Owner		Building Occupant (if required)	
Name:		Name:		Name:	
Company:		Company:		Company:	
Phone:		Phone:		Phone:	
Certificate #:		E-mail:		E-mail:	

Type of Building or Facility- (B64.10-17 Table B.2) _____	Overall Hazard Level (Minor <input type="checkbox"/>) (Moderate <input type="checkbox"/>) (Severe <input type="checkbox"/>)	Size of Service: _____ mm	Fire Suppression System in the building? (Yes <input type="checkbox"/>) (No <input type="checkbox"/>)	Are chemicals added to Fire Suppression System? (Yes <input type="checkbox"/>) (No <input type="checkbox"/>)	Fire Suppression System Class (see class sheet for details) 1 - 6 _____
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Location of Cross Connection & Existence of Premise Isolation (PI)	Backflow Preventer (BF) TYPE (RP, DCVA, ETC)	BF Make	BF Model	BF Serial #	BF Size	Last Tested (mm/dd/yyyy)	Device Location	Water Meter Serial #	Does the type of backflow preventer meet the requirements of By-law 2016-019 for premise isolation? (If no please explain on page 2 the required changes to the premise isolation)
Municipal Water Service									(Yes <input type="checkbox"/>)(No <input type="checkbox"/>)
Bypass Around Municipal Water Service or Main PI Backflow device									(Yes <input type="checkbox"/>)(No <input type="checkbox"/>)
Fire Suppression System									(Yes <input type="checkbox"/>)(No <input type="checkbox"/>)
Other (Lawn Irrigation, Auxiliary Water Source)									(Yes <input type="checkbox"/>)(No <input type="checkbox"/>)
Any unprotected cross connections before the PI backflow device? (I.E. Private Fire hydrants) (Yes <input type="checkbox"/>) (No <input type="checkbox"/>)	<u>List the location of any cross connections before the premises isolation backflow device</u>								

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 occupant to bring to the attention of the Qualified Person all water uses within the premises to permit inspection for potential cross connections, and to enable recommended corrective actions. I understand it is the owner's responsibility to protect the internal occupants of the property by eliminating any unprotected cross connection hazards and to obtain a Building Permit prior to the installation of such backflow prevention devices.

Property Owners Name:	Owner Signature (SIGN EACH PAGE):	Date (mm/dd/yyyy):
Qualified Person Name:	Qualified Person Signature (SIGN EACH PAGE):	Date (mm/dd/yyyy):

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 Cornwall By-law 2016-019 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, unless otherwise modified or revised in writing and delivered to the Municipal Works Division for the City of Cornwall.



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Date of Survey: ____ / ____ / ____
DD MM YY

Facility Address: _____ Page No: ____ of ____

<u>Water Services</u>	Please describe the changes needed to meet the requirements of premise isolation under By-law 2016-019
Municipal Water Service	
Bypass Around Municipal Water Service	
Fire Suppression System	
Other (Lawn Irrigation, Auxiliary Water Source)	

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