

# CROSS CONNECTION CONTROL SURVEY



Date C.C.C.S. Completed: MM/DD/YY. \_\_\_\_\_

**City of Hamilton  
Backflow Prevention Program  
330 Wentworth Street North  
Hamilton Ontario L8L 5W2**

For Office Use Only: Date C.C.C.S. Received.				TRN #
To be Submitted by the Property Owner for each Service Connection where By-Law # 10-103 requires PREMISE ISOLATION.				
Facility Name:	Address:	City:	Postal Code:	Phone Number:
Surveyor's Name, Please Print:		City of Hamilton's Backflow Program Contractors Registration Permit Number:		Person on Site Receiving Report, Please Print Name:
Property Owner's Name, Please Print:			Property Owner's Email:	
Property Owner's Mailing Address:			City:	Postal Code:
Contact Person if Different than Owner:			Phone Number:	
Is the Water Meter Located in a Chamber? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is There more than 1 Water Meter Chamber Located on the Property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Facility Type: <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Institutional <input type="checkbox"/> Multi Residential over 3 Stories in Height <input type="checkbox"/> Other Specify				
<b>List the Serial No. of the Water Meter Located on this Service Connection:</b>		<b>S.C. NO. # 1</b>	Is There an Existing Backflow Device Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Service Connection Type:		Location of Service Connection:	Size of Service Line	Does This Device meet the By-law Requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No
Fire <input type="checkbox"/> Combined <input type="checkbox"/>			(Diameter mm)	Device Type:
Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/>			Manufacturer:	Model:
Hazard Classification: <input type="checkbox"/> HIGH <input type="checkbox"/> MODERATE		If the existing Backflow Device is an <b>RPDA</b> or <b>DCDA</b> fill in the Detector Side Information below:		
Enter Below the Selection of the new Device or the Upgrade of the Existing Device:		Device Type:	Model:	Water Meter Read: m3
<input type="checkbox"/> RP <input type="checkbox"/> DCVA		Manufacturer:	Serial #	Water Meter Serial #:
If the Installation is in Parallel with another Device List the Serial No. of the Device it is Paralleled with and the same Service Connection No. for each Device: <b>Ser. No.</b> <span style="float: right;"><b>S.C.No.</b></span>				
<b>List the Serial No. of the Water Meter Located on this Service Connection:</b>		<b>S.C. NO. # 2</b>	Is There an Existing Backflow Device Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Service Connection Type:		Location of Service Connection:	Size of Service Line	Does This Device meet the By-law Requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No
Fire <input type="checkbox"/> Combined <input type="checkbox"/>			(Diameter mm)	Device Type:
Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/>			Manufacturer:	Model:
Hazard Classification: <input type="checkbox"/> HIGH <input type="checkbox"/> MODERATE		If the existing Backflow Device is an <b>RPDA</b> or <b>DCDA</b> fill in the Detector Side Information below:		
Enter Below the Selection of the new Device or the Upgrade of the Existing Device:		Device Type:	Model:	Water Meter Read: m3
<input type="checkbox"/> RP <input type="checkbox"/> DCVA		Manufacturer:	Serial #	Water Meter Serial #:
If the Installation is in Parallel with another Device List the Serial No. of the Device it is Paralleled with and the same Service Connection No. for each Device: <b>Ser. No.</b> <span style="float: right;"><b>S.C.No.</b></span>				

<b>List the Serial No. of the Water Meter Located on this Service Connection:</b>		<b>S.C. NO. # 3</b>	Is There an Existing Backflow Device Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Service Connection Type:	Location of Service Connection:	Size of Service Line	Does This Device meet the By-law Requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire <input type="checkbox"/> Combined <input type="checkbox"/>		(Diameter mm)	Device Type:	Model:
Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/>			Manufacturer:	Serial#:
Hazard Classification: <input type="checkbox"/> HIGH <input type="checkbox"/> MODERATE		If the existing Backflow Device is an <b>RPDA</b> or <b>DCDA</b> fill in the Detector Side Information below:		
Enter Below the Selection of the new Device or the Upgrade of the Existing Device:		Device Type:	Model:	Water Meter Read: m3
<input type="checkbox"/> RP <input type="checkbox"/> DCVA		Manufacturer:	Serial #	Water Meter Serial #:
If the Installation is in Parallel with another Device List the Serial No. of the Device it is Paralleled with and the same Service Connection No. for each Device: <b>Ser. No.</b> <b>S.C.No.</b>				

<b>List the Serial No. of the Water Meter Located on this Service Connection:</b>		<b>S.C. NO. # 4</b>	Is There an Existing Backflow Device Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Service Connection Type:	Location of Service Connection:	Size of Service Line	Does This Device meet the By-law Requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire <input type="checkbox"/> Combined <input type="checkbox"/>		(Diameter mm)	Device Type:	Model:
Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/>			Manufacturer:	Serial#:
Hazard Classification: <input type="checkbox"/> HIGH <input type="checkbox"/> MODERATE		If the existing Backflow Device is an <b>RPDA</b> or <b>DCDA</b> fill in the Detector Side Information below:		
Enter Below the Selection of the new Device or the Upgrade of the Existing Device:		Device Type:	Model:	Water Meter Read: m3
<input type="checkbox"/> RP <input type="checkbox"/> DCVA		Manufacturer:	Serial #	Water Meter Serial #:
If the Installation is in Parallel with another Device List the Serial No. of the Device it is Paralleled with and the same Service Connection No. for each Device: <b>Ser. No.</b> <b>S.C.No.</b>				

<b>List the Serial No. of the Water Meter Located on this Service Connection:</b>		<b>S.C. NO. # 5</b>	Is There an Existing Backflow Device Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Service Connection Type:	Location of Service Connection:	Size of Service Line	Does This Device meet the By-law Requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire <input type="checkbox"/> Combined <input type="checkbox"/>		(Diameter mm)	Device Type:	Model:
Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/>			Manufacturer:	Serial#:
Hazard Classification: <input type="checkbox"/> HIGH <input type="checkbox"/> MODERATE		If the existing Backflow Device is an <b>RPDA</b> or <b>DCDA</b> fill in the Detector Side Information below:		
Enter Below the Selection of the new Device or the Upgrade of the Existing Device:		Device Type:	Model:	Water Meter Read: m3
<input type="checkbox"/> RP <input type="checkbox"/> DCVA		Manufacturer:	Serial #	Water Meter Serial #:
If the Installation is in Parallel with another Device List the Serial No. of the Device it is Paralleled with and the same Service Connection No. for each Device: <b>Ser. No.</b> <b>S.C.No.</b>				

**NOTE'S:**

All selections shall be made in accordance with the City of Hamilton's Backflow Prevention By-Law requirements and the City of Hamilton has jurisdiction over all selections for PREMISE ISOLATION.  
 NOTE: Surveyor required to submit copies of this report to the Backflow Prevention Officer and the owner of the property within the specified time period.  
 NOTE: Every survey must be updated every 5 years or where there is a change in circumstances that may affect the most current survey.

SURVEYOR'S Company:		
SURVEYOR'S Address:	SURVEYOR'S Postal Code:	SURVEYOR'S Phone # :
SURVEYOR'S Signature:	SURVEYOR'S Name Please Print:	
OWNER'S Signature:	OWNER'S Name Please Print:	

**All Cross Connection Control Surveys must be received within 14 days of survey completion and must be mailed, emailed or hand delivered. \*DO NOT FAX\***

**Please list all Cross Connections and Indicate the Service Connection No. of the Cross Connection found.  
Inform the Property Owner of the Hazards associated with the Cross Connections found.**

List below all Cross Connections found for the Property address indicated on this Survey	List the Service Connection No. of the Cross Connection found	List the Hazard Level of the Cross Connection found: Severe / Moderate / Low	If there is an existing Device, list the type of Device from Selection	Does the Device meet the Guidelines set out in the CAN/CSA-B64?	List the type of Device required as recommended in the CAN/CSA-B64	List the type of Isolation for this Cross Connection: Area / Zone / Fixture

**Device Selection:**

DCAP-Dual Check Valve Type With Atmospheric Port	RSCV-Resilient Seated Check Valve	AG-Air Gap	RPDA-Reduced Pressure Detector Assembly
LFVB-Laboratory Faucet Type Vacuum Breaker	RP-Reduced Pressure Type	DCVA-Double Check Valve Assembly Type	DCDA-Double Check Detector Assembly
AVB-Atmospheric Type Vacuum Breaker	DUC-Double Check Valve Type	PVB-Pressure Type Vacuum Breaker	
HCVB-Hose Connection Type Vacuum Breaker	LACV-Listed Alarm Check Valve	N-None	

SURVEYOR'S Signature: _____	OWNER'S Signature: _____
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