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.									
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 Backflo			m Contractors Registrati	on Permit Number:	Person on Site Receiving Report, Please Print Na			nt Name:	
Property Owner's Name, Please Print:	<u> </u>	Property Owner's Email:							
Property Owner's Mailing Address:		City:		Postal Code:	Phone Number:				
Contact Person if Different than Owner:				Phone Number:					
Is the Water Meter Located in a Chamber? You	es No	Is There	more than 1 Water Mete	er Chamber Located on the	Property?	Yes	No		
Facility Type: Industrial Commercial Institutional Multi Residential over 3 Stories in Height Other Specify									
List the Serial No. of the Water Meter Located on this Service Connection: S.C. NO. #1 Is There an Existing Backflow Device Present: Yes No									
Service Connection Type: Location	of Service Connection:		Size of Service Line	Does This Device meet the By-law Rec		uirements:	Yes	No	
Fire Combined			(Diameter mm)	Device Type:		Model:			
Domestic Irrigation		ľ		Manufacturer:		Serial#:			
	DERATE	If the exi	sting Backflow Device is	an RPDA or DCDA fill in the	ne Detector Sid	de Information below	/:		
Enter Below the Selection of the new Device or the Upgr	Device Type:		Model:		Water Meter Read		m3		
RP DCVA			cturer:	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: Ser. No. S.C.No.									
List the Serial No. of the Water Meter Located on this	S.(C. NO. # 2	Is There an Existing Back	flow Device P	resent:	Yes	No		
Service Connection Type: Location		Size of Service Line	Does This Device meet the	uirements:	Yes	No			
Fire Combined			(Diameter mm)	Device Type:		Model:			
Domestic Irrigation				Manufacturer:		Serial#:			
Hazard Classification: HIGH MODERATE If the existing Backflow Device is an RPDA or DCDA fill in the Detector Side Information below:									
Enter Below the Selection of the new Device or the Upgrade of the Existing Device: RP DCVA			Гуре:	Model:		Water Meter Read		m3	
			cturer:	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: Ser. No. S.C.No.									

List the Seri	ial No	o. of the Water	r Met	er Locate	ed on this Service Connection:	S.(C. NO. # 3	Is There an Existing Back	flow Device Pr	resent:	Yes	No	
Service Connection Type: Location of Service Connection:			Location of Service Connection:		Size of Service Line	Does This Device meet the By-law Requirements:		Yes	No				
Fire		Combined					(Diameter mm)	Device Type:		Model:			
Domestic		Irrigation				_		Manufacturer:		Serial#:			
Hazard Class	sificat	ion:		HIGH	MODERATE	If the exi	sting Backflow Device is	an RPDA or DCDA fill in the Detector Side Information below:					
Enter Below the Selection of the new Device or the Upgrade of the Existing Device: RP DCVA				Device Type:		Model:		Water Meter Read:		m3			
					Manufacturer:		Serial #		Water Meter Serial #:				
If the Installa	ition is	s in Parallel wi	th an	other Dev	vice List the Serial No. of the Device it is Paralleled wi	ith and th	e same Service Connec	tion No. for each Device: S	er. No.	S.(C.No.		
List the Seri	ial No	o. of the Water	r Met	er Locate	ed on this Service Connection:	S.C	C. NO. # 4	Is There an Existing Back	flow Device P	resent:	Yes	No	
Service Coni	nectio	n Type:			Location of Service Connection:	Size of Service Line		Does This Device meet th	e By-law Req	law Requirements: Yes No			
Fire		Combined					(Diameter mm)	Device Type:		Model:			
Domestic		Irrigation						Manufacturer:		Serial#:			
Hazard Class	sificat	ion:		HIGH	MODERATE	If the exi	sting Backflow Device is	an RPDA or DCDA fill in th	e Detector Sid	de Information belc	·W:		
Enter Below	the S	election of the	new	Device or	the Upgrade of the Existing Device:	Device T	Гуре:	Model:		Water Meter Read:		m3	
	RP	•		DCVA		Manufacturer:		Serial #		Water Meter Serial #:			
If the Installa	ition is	s in Parallel wi	th an	other Dev	rice List the Serial No. of the Device it is Paralleled wi	ith and th	e same Service Connec	tion No. for each Device: S	er.No.	S.(C.No.		
List the Seri	ial No	o. of the Water	r Met	er Locate	ed on this Service Connection:	S.0	C. NO. # 5	Is There an Existing Back	flow Device P	resent:	Yes	No	
Service Connection Type: Location of Service Connection:				Size of Service Line	Does This Device meet th	e By-law Req	quirements: Yes No						
Fire		Combined					(Diameter mm)	Device Type:		Model:			
Domestic		Irrigation						Manufacturer:		Serial#:			
Hazard Class	sificat	ion:		HIGH	MODERATE	If the exi	sting Backflow Device is	an RPDA or DCDA fill in th	e Detector Sid	de Information belo	w:		
BB DOVA				Device T	Гуре:	Model:		Water Meter Read:		m3			
				Manufac	turer:	Serial #	Water Meter Serial #:		al #:				
If the Installation is in Parallel with another Device List the Serial No. of the Device it is Paralleled with and the sa					same Service Connectio	n No. for each Device: Ser.	No.	S.(C.No.				
NOTES:													
NOTE: Surv	eyor ı	required to sub	omit o	copies of t	n the City of Hamilton's Backflow Prevention By-Law re this report to the Backflow Prevention Officer and the years or where there is a change in circumstances tha	owner of	the property within the	specified time period.	selections for	PREMISE ISOLA	TION.		
SURVEYOR	'S Co	ompany:											
SURVEYOR'S Address: SURV			SURVE	EYOR'S Postal Code: SURVEYOR'S Phone #:									
SURVEYOR'S Signature: SUR				SURVE	JRVEYOR'S Name Please Print:								
OWNER'S Signature: OWI				OWNER	WNER'S Name Please Print:								
All Cross Co	onne	ction Control	Surv	eys must	t be received within 14 days of survey completion	and mus	t be mailed, emailed or	hand delivered. *DO NOT	FAX*				

		and Indicate the Servi							
List below all Cross Connections found	List the Service	List the Hazard Level of the	If there is an existing	Does the Device meet	List the type of Device	List the type of Isolation			
for the Property address indicated on	Connection No. of the	Cross Connection found:	Device, list the type of	the Guidelines set out	required as recommended	for this Cross Connection:			
this Survey	Cross Connection found	Severe / Moderate / Low	Device from Selection	in the CAN/CSA-B64?	in the CAN/CSA-B64	Area / Zone / Fixture			
		Device Se							
71		silient Seated Check Valve	AG-Air Gap		RPDA-Reduced Pressure Detector Assembly				
* **		ced Pressure Type	DCVA-Double Check \	DCDA-Double Check De	etector Assembly				
AVB-Atmospheric Type Vacuum Breaker		ble Check Valve Type	PVB-Pressure Type Vacuum Breaker N-None						
HCVB-Hose Connection Type Vacuum Breake	er LACV-Lis	ted Alarm Check Valve							
SURVEYOR'S Signature:		OWNE	ER'S Signature:						
All Cross Connection Control Surveys mus	st be received within 14 da	ys of survey completion and m	ust be mailed, emailed or	hand delivered. *DO No	OT FAX*				