



Hamilton

BACKFLOW - SELF ASSESSED SURVEY

TO BE COMPLETED BY PROPERTY OWNERS

PW-WW-CS-F-013-004 - Rev #5

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

Date of Survey: (mm/dd/yy) _____

It is an offence under the Backflow Prevention By-law to submit a Self Assessed Survey form that contains inaccurate or false information.
Please complete the information below as requested in accordance with the Backflow Prevention By-law #10-103

If your property or building has more than one business located on it, this survey must be completed for each business located on your property.

1	Facility or Business Name:			
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2	Facility or Business Address:	Street #:	Street:	Postal Code:
		City:	Phone #:	

3	Property Owner Information:	Name:		Email:
		Street #:	Street:	Postal Code:
		City:		Phone #:

4	Contact Person if Different than Owner - Name:	Email:	Phone # :
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PROPERTY OWNER'S SIGNATURE: _____ **DATE:** _____

5 **Select your facility type from the list below.**

- | | | |
|--|---|--------------------------------|
| Animal feed lot or animal stock yard: | Fish farm or fish hatcheries | Plating shop |
| Aquaculture farm | Food processing plant | Power generating facility |
| Aquarium (public) | Garbage transfer facility | Printing plant |
| Asphalt plant | Hospital | Pulp and/or paper plant |
| Beverage processing plant
(includes distillery and brewery) | Laboratory | Recycling facility |
| Blood clinic | Laundry facility
(commercial only not coin operated) | Refinery, petroleum processing |
| Campsite with RV hook-ups or dump-stations | Marina (pleasure boat) | Research facility |
| Carwash | Meat packing plant | Sewage dump station |
| Chemical plant | Medical clinic (surgical) | Sewage treatment plant |
| Concrete plant | Milk processing plant | Steel manufacturing plant |
| Dental surgery facility | Mining facility | Veterinary clinic |
| Dock and marine facility | Mortuary or morgue | Waste disposal plant |
| Dry cleaning plant | Oil refinery | Wastewater facility |
| Dye plant | Paint manufacturing plant | Wastewater pump station |
| Exhibition grounds | Petroleum processing or storage facility | Wastewater treatment plant |
| Film or photo processing facility
(that uses chemicals) | Pharmaceutical manufacturing facility | Water filling station |
| | Plastic manufacturing plant | Water treatment plant |
| | | Water treatment pump station |
| | | Zoo |

If you have NOT checked off any of the above, please continue to fill out the remaining pages and submit all 3 pages to the address at the top of the page.


If you HAVE checked off any of the above properties or facility types, then you are not required to complete any more information on page 2 or 3 but are required to fully comply with the Backflow Prevention By-law. Please submit page 1 to the above address.

6	Indicate the serial number of your water meter as listed on your Alectra utility bill under "Meter Number" beside "Water". Serial Number: _____			
7	Indicate the size of your City water meter located on your water service line entering your building or property as listed on your Alectra utility bill under "Meter Type" beside "Water". 0015 0016 0020 0025 0038			
8	Describe the size and type of your water service line entering your building or property using the measuring tape provided on page 4. 15mm 17mm 20mm 25mm 38mm Greater than 38mm Service type: Copper Iron			
9	Describe the type of business activity below (please be specific, i.e. dry cleaner, shoe retailer, dental office, pet store, real estate office, variety store, hair dresser, etc.)			
10	Does your building or property have a separate water service line for a Fire Suppression System (sprinklet heads for fire)?		Yes No	If your property or building has a fire supression system, does it contain any chemicals or additives other than water: Yes No
11	Please list any other equipment or process connected to your water service line that uses City water that has not been indicated on page #3 (Water use information) of this form.			
For Office use Only: TRN #		Degree of Hazard:		Backflow Device required:
Comments: Is this building or property required to comply at this time.		Moderate		Yes RP
Yes No		High		No DCVA
				Date C.C.C.S Form received: <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Step 6 & 7
Example from
Alectra Bill

Your Usage For This Period						
	Meter Number	Meter Type	Reading Is An	Number Of Days	Reading At Start Of Period	Reading At End Of Period
Electric	130617	215	Actual	62	26760	28920
Water	#####	####	Actual	57	1615	1638

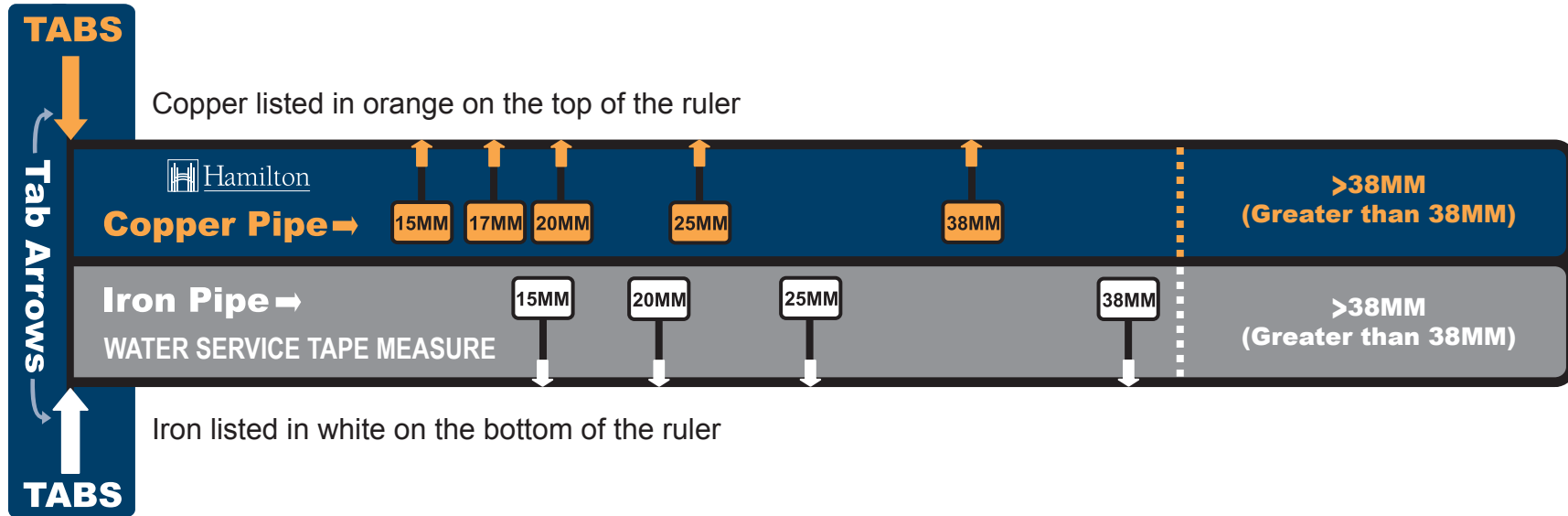
Any personal information on this form is collected under the authority of By-law No. 10-103 and will be used for the protection of the City of Hamilton's Water Distribution System from reverse flow. Information collected for the Backflow Prevention Bylaw will be stored on servers located in Canada and the United States, and may be subject to Canadian and/or American laws. Questions about the collection of this information should be directed to City of Hamilton, Backflow Prevention Program. 330 Wentworth Street North Hamilton, Ontario L8L 5W2. backflow@hamilton.ca

Water Use Information 

	YES	NO	If you answered yes to any of these questions and a Backflow Device is present, enter device type from selection below
Does the building or property use City water in any manufacturing, industrial or process applications? If yes, please specify how it is used:			
Does the property use any hazardous or toxic materials or chemical that has a connection to the City water supply?			
Do any hot water boilers, steam boilers, heat exchangers exist on the property? If yes, does any of this equipment use chemical additives?			
Does your property have a lawn irrigation system that uses any type of chemical injection?			
Does your property have any type of water supply other than the water supplied in the City?			
Does your property have any cooling towers or chillers?			
Are there any solar heating systems on the property?			
Is there any autopsy or mortuary equipment of any kind located on your property?			
Is there a kitchen hood (canopy washer) with a direct City water supply connected to the washer located on your property?			
Do you have any type of automatic chlorinating/de-chlorinating equipment on your property?			
Do you have any water cooled equipment on your property with a solenoid valve after the compressor (walk-in cooler, ac units)?			
Are there any industrial wahsing machines located on your property (anything other than a coin-operated laundromat)?			
Is there any type of dental or surgical equipment with a connection to internal water piping located in your Building?			
Do you have type of food processing equipment on your property that is directly connected to your City Water supply? If yes, please specify how it is used:			
Do you supply any type of dockside facilities (water supply to any type of pleasure craft)?			
Is there any type of photo processing equipment located on your property that is connected to your City water supply?			
Do you have any type of water re-circulating system on your property?			
Do you use any type of degreasing equipment that is connected to the City water supply on your property?			
Is there a power washer with chemical additives on your property?			
Do you use any type of automatic chemical dispensers?			
Do you have any type of garbage washing or garbage disposal equipment that has a City water supply connected to it?			
Is there any commercial ice making equipment located on the property?			
Do you have any livestock equipment with a connection to your City water supply?			
Do you have any type of radiator flushing equipment?			
Is your property equipped with any type of sewage pump that is connected to your City water supply?			
Do you have any type of wash tanks on your property that are connected to your City water supply?			
Do you use City water to supply any type of water hauling equipment?			
Does your property have any x-ray equipment?			
Device Selection for Property/Building Cross Connections found: DCAP - Dual check valve type with atmospheric port LFVB - Laboratory faucet type vacuum breaker HCVB - Hose connection type vacuum cleaner AVB - Atmospheric type vacuum breaker RSCV - Resilient seated check valve RP - Reduced pressure principle type DUC - Dual check valve type LACV - Listed alarm chec valve AG - Air gap DCVA - Double check valve assembly PVB - Pressure type vacuum breaker N - None RPDA - Reduced pressure detector assembly DCDA - Double check detector assembly			

Step 8

Water Service Tape Measure



Directions for using the Water Service Tape Measure

- 1: Cut out the tape measure
- 2: Find your water service pipe where it enters your building/property
- 3: Hold "TABS" tight against the water service pipe
- 4: Wrap the measuring tape around the pipe
- 5: Line up "Tab Arrows" with the closest Copper or Iron MM arrow
- 6: Indicate this MM number and type of pipe above in **Step 8**