



**Building Services**  
 Town of Newmarket  
 395 Mulock Drive P.O. Box 328,  
 Newmarket, Ontario, L3Y 4X7

**Backflow Prevention Program  
 Cross Connection Control Survey  
 Report**  
 Document No: PWS-F067  
 Original: January 22, 2019  
 Revision No:

Email: [backflowprevention@newmarket.ca](mailto:backflowprevention@newmarket.ca) | Website: [newmarket.ca](http://newmarket.ca) | Phone: 905-953-5300 ext. 2400

This form must be completed and submitted by the Property Owner, or Agent of an Industrial, Commercial, Institutional, or Multi-Residential building. The Cross-Connection Control Survey must be completed and signed by a qualified person in accordance with the Town of Newmarket’s By-Law No. 2019-xx.

**Section 1: Facility Information**

Street Address of Property:	Postal Code:	Property Type: <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Institutional <input type="checkbox"/> Multi-Residential	Water Account No:
Water Meter Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No  Water Meter Size:	Water Meter Serial No:	Incoming Water Service Size (mm):	Type of Use (e.g. laundry, metal, funeral home, dental etc.):

**Section 2: Owner/ Agent/ Occupant Information**

Property Owner:	Owner’s Mailing Address:	Owners Phone:	Owner’s Email Address:
Owner’s Agent: <input type="checkbox"/> Same as Owner	Agent’s Mailing Address:	Agent’s Phone:	Agent’s Email Address:
Occupant’s Name: <input type="checkbox"/> Same as Owner	Occupant’s Mailing Address:	Occupant’s Phone:	Occupant’s Email Address:

**Section 3: Qualified Person Information**

Qualified Person/Firm Performing Survey:	Contact Name:	Phone:	Email:
Professional Engineer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Certified Engineering Technologist: <input type="checkbox"/> Yes <input type="checkbox"/> No	Licensed Master Plumber: <input type="checkbox"/> Yes <input type="checkbox"/> No	Journeyman Plumber: <input type="checkbox"/> Yes <input type="checkbox"/> No
Valid OWWA Certificate #:	OWWA Certification Date:	Certificate Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Section 4: Cross Connection Control Information – Premise Protection (Water Service Line)**

Premise Protection Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Device Type (Refer to List Below):	Size:	Make:
Model No.:	Serial No.:	Valid Test Tag: <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Certification Date:
Device Accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Premise Protection:	Device Orientation: <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Angle	
Auxiliary Water Supply On Premise: <input type="checkbox"/> Yes <input type="checkbox"/> No	Auxiliary Water Supply Connected to Potable Water System: <input type="checkbox"/> Yes <input type="checkbox"/> No	Purpose of Auxiliary Water:	Chemical Addition: <input type="checkbox"/> Yes <input type="checkbox"/> No
List Other Information:			

**Section 5: Cross Connection Control Information – Premise Protection (Water Meter By-Pass Line)  Not Applicable**

By-Pass Device Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	By-Pass Device Type (Refer to List Below):	By-Pass Device Size:	By-Pass Device Make:
By-Pass Device Model No.:	By-Pass Device Serial No.:	Valid Test Tag of By-Pass Device: <input type="checkbox"/> Yes <input type="checkbox"/> No	By-Pass Device Last Certification Date:
Device Accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		By-Pass Device Orientation: <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Angle	

**Section 6: Cross Connection Control Information – Premise Protection (Fire Service Line)  Not Applicable**

Premise Protection Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type (Refer to List Below):	Size:	Make:
Model / Serial No.:	Valid Test Tag: <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Certification Date:	Valid Test Certificate Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Device Accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Premise Protection:	Device Orientation: <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Angle	Flow Through System: <input type="checkbox"/> Yes <input type="checkbox"/> No Dry System: <input type="checkbox"/> Yes <input type="checkbox"/> No  Chemical Addition: <input type="checkbox"/> Yes <input type="checkbox"/> No
List Other Information:			

**Section 7: Cross Connection Control Information – Zone and Point of Use Protection**

Location	Description	Degree of Hazard	Existing Protection
		<input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Minor	
		<input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Minor	
		<input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Minor	
		<input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Minor	
		<input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Minor	
		<input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Minor	
		<input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Minor	

**Section 8: Hazard Level and Actions Required**

Premise Hazard Level (According to CSA B64.10) and Action Required			
Premise Hazard Level: <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Minor	Premise Protection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Attach Test Certificate for Existing Premise Protection	Location:	Device Type Required:
State Other Actions Required			
Location:		Action:	
Location:		Action:	
Location:		Action:	
Location:		Action:	

## Section 9: Signatures

Name of Owner:	Signature:	Date:
Owners Authorized Contact:	Signature:	Date:
Certified Contractor:	Signature:	Date:
FULL DISCLOSURE REQUIRED: This form is intended to assist the Qualified Person in carrying out the Cross Connection Control Survey and is not to be construed as addressing all potential cross connection situations. It is the responsibility of the owner or agent, to inform the Qualified Person of all water uses within the premises to permit inspection for potential cross connections and recommendations for corrective actions. Cross connections not identified in the survey may be deemed as works carried out subsequent to the survey in violation of the Building Code and By-law No. 2019- <span style="background-color: yellow;">    </span>		

### Device Types

Air Gap (AG), Atmospheric Vacuum Breaker (AVB), Double Check Valve (DCVA), Dual Check with Atmospheric Port (DCAP), Dual Check with Atmospheric Port for Carbonators (DCAPC), Dual Check Valve (DuC), Hose Connection Vacuum Breaker (HCVB), Laboratory Faucet Vacuum Breaker (LFVB), Pressure Vacuum Breaker (PVB), Reduced Pressure (RP), Single Check Valve Assembly for Fire Systems (SCVAF)

Please submit completed form with the subject line "Backflow Prevention Program - Cross Connection Control Survey – Street Address" to: [backflowprevention@newmarket.ca](mailto:backflowprevention@newmarket.ca).