



Cross Connection Survey

Mail form to: Public Works – Water and wastewater ■ 322 Kent St W - PO Box 9000 ■ Lindsay, ON K9V 5R8						Date: ____/____/____			
Or email to: casewww@kawarthalakes.ca						DD MM YY			
Owner:		Address:		Phone:		Email:			
Surveyor:		Certificate #:		Phone:		Email:			
Building use:		Does the property have a premise isolating device? (Y / N)		Size, type, and serial # of premise isolation device:					
Does building have a sprinkler system: (Y / N)		Is a bypass present? (Y / N)		Specify recommended / existing (circle one) protection for sprinkler system:					
Chemical addition: (Y / N)		Bypass protected? (Y / N)							
	Location of cross connection	Existing device type	Serial # (if applicable)	Date of last test (if applicable)	Degree of hazard (L/M/S)	Acceptable protection (Y / N)	Recommended upgrade	Remarks	
1									
2									
3									
4									
5									
6									
7									
8									
9									
All selections shall be made in accordance with the Backflow Prevention Regulations of the City of Kawartha Lakes By-law No.2018-039 and CAN/CSA B64.10 (as amended). Note: Surveyor is required to submit copies of this report to the City of Kawartha Lakes and owner of property		Device type: AG – Air gap *AVB – Atmospheric type vacuum breaker *DCAP – Dual check valve type with atmospheric port *DCVA – Double check valve assembly type *DuC – Double check valve type *DuCV – Dual check valve type with intermediate vent HCVB – Hose connection type vacuum breaker			Device type: LACV – Listed alarm check valve LFVB – Laboratory faucet type vacuum breaker N – None *PVB – Pressure type vacuum breaker *RP – Reduced pressure principle type RSCV – Resilient seated check valve * = installation of device requires permit			Degree of Hazard: L - Low M - Moderate S - Severe	
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 and 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 hereby certify that the information in this report and any other attached document(s) is true to the best of my knowledge and recommendations are made in compliance with the Water System Cross Connection Program and CSA Standards

Signature of Qualified Person: _____

Signature of Owner: _____