



1155 Emily St.,  
Mooretown, ON  
N0N 1M0  
Ph. 519-867-2993  
Fax. 519-337-5963

Schedule D  
CROSS CONNECTION CONTROL SURVEY

To be completed clearly and submitted within 14 days of survey.

Township of St. Clair

Occupant (Business) Name:	Service Address:		
Type of Business:	Business Contact Name:	Phone:	Email:
Property Owner Name:	Property Owner Mailing Address:	Phone:	Email:

Service Connection (s):	Location	Bypass (Y or N)	Pipe Size:	Meter Size:	Existing Backflow Preventers					
					Type	Make	Model	Serial #	Size	Last Inspection Date
<input type="radio"/> Main Inlet/Combined										
<input type="radio"/> Domestic Service										
<input type="radio"/> Fire Service										
<input type="radio"/> Irrigation Service										
<input type="radio"/> Other Service:										
<input type="radio"/> Other Service:										
<input type="radio"/> Other Service:										
<input type="radio"/> Considerations for THERMAL EXPANSION is recommended on heating systems prior to installation of backflow preventers								<input type="radio"/> YES <input type="radio"/> NO		

Summary & Mandatory Requirements of Survey			
Facility degree of Hazard	<input type="radio"/> Severe	<input type="radio"/> Moderate	<input type="radio"/> Minor
<input type="radio"/> Premise isolation is required with a:	<input type="radio"/> Reduced Pressure Backflow Assembly (RP)	<input type="radio"/> Double Check Valve Assembly (DCVA)	
<input type="radio"/> Facility has Premise Isolation and meets the minimum CCC Program requirements. Items listed as deficient should be addressed.			
<input type="radio"/> Additional Backflow protection is required at items No.:			

See Reverse for details.



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Location of Cross Connection		Type of Cross Connection	Hazard Minor/Moderate/Severe	Existing Protection		Requirements/Findings
				YES	NO	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<div>5 Year Renewal? <input type="radio"/> Yes <input type="radio"/> No      If no, complete the survey. If yes, any process or operational changes made in the last 5 years? <input type="radio"/> Yes <input type="radio"/> No If yes, complete the survey. If no, owner may forego completion of survey and sign below:  <i>I, the undersigned, hereby declare that to the best of my knowledge, the information contained herein is complete and accurate.</i>  Owner's signature: _____ Date: _____</div>			<div>AG - Air Gap ASVB - Air Space Type Vacuum Breaker AVB - Atmospheric Vacuum Breaker DCAP - Dual Check with Atmospheric Port DCVA - Double Check Valve Assembly DCDA - Double Check Detector Assembly DCAPC - Dual Check with Atmospheric Port for Carbonators DuC - Dual Check Valve DuCV - Dual Check with Intermediate Vent HCVB - Hose Connection Vacuum Breaker</div>		<div>HCDVB – Hose Connection Dual Check Vacuum Breaker LFVB - Laboratory Faucet Vacuum Breaker PVB - Pressure Vacuum Breaker RP - Reduced Pressure Principle RPD - Reduced Pressure Principle Detector SCVAF – Single Check Valve Assembly for Fire Systems SRPVB - Spill Resistant Pressure Vacuum Breaker <b>*Building Permits required for installation of these devices</b></div>	
Surveyor Name (print):		Signature:			Date:	
OWWA Certification #		Phone #:			Company:	