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Water Treatment Plant
20 Rivers Avenue
Brockville, ON K6**V 5R9**
Tel: (613) 342-8772 ext 5510
Email: cdeir@brockville.com

BY-LAW 054-2017

CROSS CONNECTION SURVEY REPORT FOR PREMISE ISOLATION

Date of Survey: _____/_____/_____
DD MM YY

Facility Address: _____ **Page No:** _1__ **of** ____

Type of Water Use: Industrial ☐ Commercial ☐ Institutional ☐ Multi-Residential(greater than 3 stories) ☐

Completed report given to: Property Owner ☐ Building Occupant ☐ Other:_____

Qualified Person		**Property Owner**		**Building Tenant/Occupant** (if required)	
Name:		Name:		Name:	
Company:		Company:		Company:	
Phone:		Phone:		Phone:	
Certificate #:		E-mail:		E-mail:	

Type of Building/Facility- (CSA-B64.10-17 Table B.2)	**Overall Hazard Level**	**Size of Service**:	**Fire Suppression System in the building**?	**Are chemicals added to Fire Suppression System?**	**Fire Suppression System Class (see class sheet for details)**
_____	(Minor ☐) (Moderate ☐) (Severe ☐)	_____ mm	(Yes☐) (No ☐)	(Yes☐) (No ☐)	**1 - 6** 5

Location of Cross Connection & Existence of Premise Isolation (PI)	**Backflow Preventer (BF)** ***TYPE (RP, DCVA, ETC)***	**BF Make**	**BF Model**	**BF Serial #**	**BF Size**	**Last Tested (mm/dd/yyyy)**	**Device Location**	**Water Meter Serial #**	**Does the type of backflow preventer meet the requirements of By-law 054-2017 for premise isolation?** (If no please explain on page 2 the required changes to the premise isolation)
Municipal Water Service									(Yes☐)(No☐)
Bypass Around Municipal Water Service									(Yes☐)(No☐)
Fire Suppression System									(Yes☐)(No☐)
Other (Lawn Irrigation, Auxiliary Water Source)									(Yes☐)(No☐)
Any unprotected cross connections before the PI backflow device? (I.E. Private Fire hydrants) (Yes☐) (No☐)	**List the location of any cross connections before the premises isolation backflow device**								

FULL DISCLOSURE REQUIRED: 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 or 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 understand it is the owner's responsibility to protect the internal occupants of the property by eliminating any unprotected cross connection hazards and to obtain a Building Permit prior to the installation of such backflow prevention devices.

Property Owners Name:	**Owner Signature (SIGN EACH PAGE):**	**Date (mm/dd/yyyy):**
Qualified Person Name:	**Qualified Person Signature (SIGN EACH PAGE):**	**Date (mm/dd/yyyy):**

The personal information collected herein is subject to the Municipal Freedom of Information and Protection of Privacy Act. The information is collected under the authority of the City of Brockville Backflow Prevention By-law 054-2017 and may be used for the enforcement and administration of the By-law, and will be stored by the City for such period of time which facilitates the enforcement and administration of the By-law. Completion of this form constitutes consent by the owner and qualified person to these terms and uses, unless otherwise modified and agreed upon in writing by a representative of the City of Brockville Clerk's Department.

Version Date: July 9, 2025

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Water Services	**Please describe the changes needed to meet the requirements of premise isolation under By-law 054-2017 and a schedule of work to be completed.**
Municipal Water Service	
Bypass Around Municipal Water Service	
Fire Suppression System	
Other (Lawn Irrigation, Auxiliary Water Source)	

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