



Design Level Cross Connection Survey

(for building permit applications requiring backflow protection as per B-6410)

Folder No. _____

Building Permit No. _____

A. Facility Info (Please fill out this section)	
Facility Name (Common name of building or tenant)	Name of Owner or Organization
Unit No	Address
City Nanaimo	Facility Type & Hazard Level (i.e. Medical lab, retail, restaurant) (refer to CAN/CSA B64-10 for details)

B. Contact Person Info (Please fill out this section)			
Contact Person Name	Contact Person Title	Contact Person Organization	
Contact Person Mailing Address (Unit no, Street no, Street Name, City, Prov. Postal Code if different from above)			
Contact Person Email Address	Contact Phone No	Contact Fax No	Contact Cell No (other)

C. Building Permit Type (check <input checked="" type="checkbox"/>)		Glossary of BFP Types	
New Building	AG – Air Gap RP – Reduced Pressure Principle Assembly DC – Double Check Valve Assembly	Backflow Protection (BFP) Type Glossary AVB – Atmospheric Vacuum Breaker PVB – Pressure Vacuum Breaker DuCh – Dual Check	
Addition			
Tenant Improvement			

D. Service Info (Please check <input checked="" type="checkbox"/> and fill out this section)							
Service Connection(s) and Water Meter Size (inch)							
Combined Size:	_____						
Domestic	1/2	3/4	1	1 1/2	2	3	Other _____
Fire	1/2	3/4	1	1 1/2	2	3	Other _____
Irrigation	1/2	3/4	1	1 1/2	2	3	Other _____
Premises Isolation at the Water Meter?							
Yes	AG	RP	DC	Other _____			
No	Explain _____						
Fire Line		RP	DC	Other _____			
Design Line Pressure: _____ (psi)							

E. Backflow Protection Info (Please check <input checked="" type="checkbox"/> and fill out this section)			
Water Usage	Downstream Process	BFP Type (AG, AVB, PVB, RP, DC, DuCh)	Location (Floor Level, Room No, Equipment Tag, Etc)
Auxiliary Water Supply	Well or Surface Water	⇒ BFP Type: _____	⇒ Location: _____
	Storage Tank	⇒ BFP Type: _____	⇒ Location: _____
	Reclaimed Water	⇒ BFP Type: _____	⇒ Location: _____
	Rainwater Harvesting	⇒ BFP Type: _____	⇒ Location: _____
	Other _____	⇒ BFP Type: _____	⇒ Location: _____
Fire Sprinkler System	Anti-freeze (glycol system)	⇒ BFP Type: _____	⇒ Location: _____
	Wet or Dry system	⇒ BFP Type: _____	⇒ Location: _____
	Other _____	⇒ BFP Type: _____	⇒ Location: _____
Irrigation System	Chemical Injection	⇒ BFP Type: _____	⇒ Location: _____
	Non-Chemical Injection	⇒ BFP Type: _____	⇒ Location: _____
	Other _____	⇒ BFP Type: _____	⇒ Location: _____

Please Turn Over and Complete Other Side

Design Level Cross Connection Survey (cont'd)

Facility Name _____

E. Backflow Protection Info (cont'd) (Please check <input checked="" type="checkbox"/> and fill out this section)			
Water Usage	Downstream Process	BFP Type <small>(AG, AVB, PVB, RP, DC, DuCh)</small>	Location <small>(Floor Level, Room No, Equipment Tag, Etc)</small>
Irrigation System	Chemical Injection	⇒ BFP Type: _____	⇒ Location: _____
	Non-Chemical Injection	⇒ BFP Type: _____	⇒ Location: _____
	Other _____	⇒ BFP Type: _____	⇒ Location: _____
Heating / Cooling Equipment	Water Heater T & P Valve	⇒ BFP Type: _____	⇒ Location: _____
	Boiler (water or steam)	⇒ BFP Type: _____	⇒ Location: _____
	Heat Exchanger	⇒ BFP Type: _____	⇒ Location: _____
	Water Cooled Equipment	⇒ BFP Type: _____	⇒ Location: _____
Commercial Kitchen / Bar Equipment	Other _____	⇒ BFP Type: _____	⇒ Location: _____
	Dish / Glass washer	⇒ BFP Type: _____	⇒ Location: _____
	Canopy / Hood washer	⇒ BFP Type: _____	⇒ Location: _____
	Beverage Carbonator	⇒ BFP Type: _____	⇒ Location: _____
	Icemaker	⇒ BFP Type: _____	⇒ Location: _____
Commercial Laundry / Janitor and / or Service Rooms	Other _____	⇒ BFP Type: _____	⇒ Location: _____
	Washing Machine	⇒ BFP Type: _____	⇒ Location: _____
	Sink (inc janitor sink)	⇒ BFP Type: _____	⇒ Location: _____
	Dry cleaning Equipment	⇒ BFP Type: _____	⇒ Location: _____
	Detergent Dispenser	⇒ BFP Type: _____	⇒ Location: _____
Medical / Dental and / or Labs	Other _____	⇒ BFP Type: _____	⇒ Location: _____
	Medical Equipment	⇒ BFP Type: _____	⇒ Location: _____
	Sink (inc lab sink)	⇒ BFP Type: _____	⇒ Location: _____
	Fume Hood (Lab)	⇒ BFP Type: _____	⇒ Location: _____
	Dental Equipment	⇒ BFP Type: _____	⇒ Location: _____
Misc. (other equip)	Other _____	⇒ BFP Type: _____	⇒ Location: _____
	Hose Connection (all)	⇒ BFP Type: _____	⇒ Location: _____
	Reverse Osmosis	⇒ BFP Type: _____	⇒ Location: _____
	Car wash Equipment	⇒ BFP Type: _____	⇒ Location: _____

F. Designer / Cross Connection Control Survey Specialist (Please fill out this section and sign below)			
All internal cross connections protected?	Yes	No	Designed to <i>CAN/CSA B64-10</i> ? Yes Version _____ No
Designer (please print)	_____		Telephone _____
Signature	_____		Date _____

ATTACH to: **Building Permit Application**

MAIL or FAX to:

City of Nanaimo, Attention: Plumbing Inspector
455 Wallace Street
Nanaimo, BC V9R 5J6
Tel: 250-755-4429 Fax: 250-755-4439