

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	
<input type="checkbox"/> 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	
<input type="checkbox"/> Addition			
<input type="checkbox"/> Tenant Improvement			

D. Service Info (Please check <input checked="" type="checkbox"/> and fill out this section)	
Service Connection(s) and Water Meter Size (inch) <input type="checkbox"/> Combined Size: _____ <input type="checkbox"/> Domestic <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> 1 <input type="checkbox"/> 1 1/2 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other _____ <input type="checkbox"/> Fire <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> 1 <input type="checkbox"/> 1 1/2 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other _____ <input type="checkbox"/> Irrigation <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> 1 <input type="checkbox"/> 1 1/2 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other _____	Premises Isolation at the Water Meter? <input type="checkbox"/> Yes <input type="checkbox"/> AG <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> Other _____ <input type="checkbox"/> No Explain _____ <input type="checkbox"/> Fire Line <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> 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)
<input type="checkbox"/> Auxiliary Water Supply	<input type="checkbox"/> Well or Surface Water	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Storage Tank	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Reclaimed Water	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Rainwater Harvesting	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Other _____	⇒ BFP Type: _____	⇒ Location: _____
<input type="checkbox"/> Fire Sprinkler System	<input type="checkbox"/> Anti-freeze (glycol system)	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Wet or Dry system	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Other _____	⇒ BFP Type: _____	⇒ Location: _____
<input type="checkbox"/> Irrigation System	<input type="checkbox"/> Chemical Injection	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> Non-Chemical Injection	⇒ BFP Type: _____	⇒ Location: _____
	<input type="checkbox"/> 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>
<input type="checkbox"/> Irrigation System	<input type="checkbox"/> Chemical Injection <input type="checkbox"/> Non-Chemical Injection <input type="checkbox"/> Other _____	⇒ BFP Type: _____ ⇒ BFP Type: _____ ⇒ BFP Type: _____	⇒ Location: _____ ⇒ Location: _____ ⇒ Location: _____
<input type="checkbox"/> Heating / Cooling Equipment	<input type="checkbox"/> Water Heater T & P Valve <input type="checkbox"/> Boiler (water or steam) <input type="checkbox"/> Heat Exchanger <input type="checkbox"/> Water Cooled Equipment <input type="checkbox"/> Other _____	⇒ BFP Type: _____ ⇒ BFP Type: _____ ⇒ BFP Type: _____ ⇒ BFP Type: _____	⇒ Location: _____ ⇒ Location: _____ ⇒ Location: _____ ⇒ Location: _____
<input type="checkbox"/> Commercial Kitchen / Bar Equipment	<input type="checkbox"/> Dish / Glass washer <input type="checkbox"/> Canopy / Hood washer <input type="checkbox"/> Beverage Carbonator <input type="checkbox"/> Icemaker <input type="checkbox"/> Other _____	⇒ BFP Type: _____ ⇒ BFP Type: _____ ⇒ BFP Type: _____ ⇒ BFP Type: _____	⇒ Location: _____ ⇒ Location: _____ ⇒ Location: _____ ⇒ Location: _____
<input type="checkbox"/> Commercial Laundry / Janitor and / or Service Rooms	<input type="checkbox"/> Washing Machine <input type="checkbox"/> Sink (inc janitor sink) <input type="checkbox"/> Dry cleaning Equipment <input type="checkbox"/> Detergent Dispenser <input type="checkbox"/> Other _____	⇒ BFP Type: _____ ⇒ BFP Type: _____ ⇒ BFP Type: _____ ⇒ BFP Type: _____	⇒ Location: _____ ⇒ Location: _____ ⇒ Location: _____ ⇒ Location: _____
<input type="checkbox"/> Medical / Dental and / or Labs	<input type="checkbox"/> Medical Equipment <input type="checkbox"/> Sink (inc lab sink) <input type="checkbox"/> Fume Hood (Lab) <input type="checkbox"/> Dental Equipment <input type="checkbox"/> Other _____	⇒ BFP Type: _____ ⇒ BFP Type: _____ ⇒ BFP Type: _____ ⇒ BFP Type: _____	⇒ Location: _____ ⇒ Location: _____ ⇒ Location: _____ ⇒ Location: _____
<input type="checkbox"/> Misc. (other equip)	<input type="checkbox"/> Hose Connection (all) <input type="checkbox"/> Reverse Osmosis <input type="checkbox"/> Car wash Equipment <input type="checkbox"/> Other _____	⇒ BFP Type: _____ ⇒ BFP Type: _____ ⇒ BFP Type: _____ ⇒ BFP Type: _____	⇒ Location: _____ ⇒ Location: _____ ⇒ Location: _____ ⇒ Location: _____

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

ATTACH TO: Building Permit Application

SUBMIT TO: City of Nanaimo, Attention: Plumbing Inspector
455 Wallace Street
Nanaimo, BC V9R 5J6
Tel: 250-755-4429 Fax: 250-755-4439
Email: building.inspections@nanaimo.ca