



**THE CORPORATION OF THE  
CITY OF ST. CATHARINES**

www.stcatharines.ca

PO Box 3012, 50 Church Street  
St. Catharines, ON L2R 7C2  
Tel: 905.688.5600  
TTY: 905.688.4TTY (4889)

Cross Connection Survey  
Fax completed report to 905-646-6570

Transportation and Environmental Services  
Operations Division

Facility Address:

Occupant (Business Name):

Phone number:

Company Contact Name:

Property Owner/Contact:

Phone number:

Mailing Address:

Qualified Tester (Name and Company):

Phone number:

OWWA Certification #:

Location of Cross Connection	Existing Backflow Device	Acceptable Protection Yes/No	Proposed Backflow Device	Remarks
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Backflow Devices

\* testable backflow devices

AG	Air Gap	DUC	Dual Check Valve
AVB	Atmospheric Vacuum Breaker	HCVB	Hose Connection Vacuum Breaker
DCAP	Dual Check Valve w/ Atmospheric Port	LFVB	Laboratory Faucet Vacuum Breaker
DCAPC	Dual Check Valve w/ Atmospheric Port for Carbonators	PVB	Pressure Vacuum Breaker
DCVA*	Double Check Valve Assembly	RP*	Reduced Pressure Assembly
		SRPVB*	Spill Resistant Pressure Vacuum Breaker

Backflow devices are to be selected and installed for both source and premise isolation installed in accordance with City of St. Catharines By-law No. 2005-200 as amended by By-law No. 2010-107, the Ontario Building Code and CSA Standard - B64.10/B64.10.1.

Surveyor is required to submit copies of this report to the owner of the property and the City of St. Catharines Operations Division

Surveyor Signature:

Date (DD/MM/YYYY):