



Owner Requirements:

The owner of the property or an agent is required to submit this form within 72 hrs of the completion of the survey.

Office location drop box.
600 William St, Cobourg or email to
backflow@northumberland.ca Inquiries:
905-372-1929

Cross connection control survey report

Surveys must be conducted by a certified tester under Appendix A of the Northumberland County By-law 38-2023

Date of completed survey: _____

Facility address: _____ Page No: 1 of

Type of water use: Industrial Commercial Institutional Multi-residential

Building hazard level Low Moderate High Size of service: _____ in/mm Metered? Yes No

Qualified person		Building owner		Please use these codes to identify types of backflow preventer			
Name:		Name:		AG	Air Gap	DUCV	Dual Check Valve Type with Intermediate Vent
Company:		Company:		RP	Reduced Pressure Principle Type	AVB	Atmospheric Type Vacuum Breaker
Email:		Address:		RPDA	RP Type for Fire Protection System	PVB	Pressure Type Vacuum Breaker
Tester Cert #:		E-mail:		DCAP	Dual Check Valve Type with Atmospheric Port	SRPVB	Spill-Resistant Pressure Vacuum Breaker
				DCVA	Double Check Valve Assembly Type	VB	Approved Vacuum Breaker
				DCDA	DCVA Type for Fire Protection System	HCVB	Hose Connection Type Vacuum Breaker
				SCVAF	Single Check Valve Assembly Type for Fire Protection System	HCVB-F	Hose Connection Type Vacuum Breaker – Freeze Resistant
				DUC	Double Check Valve Type	LFVB	Laboratory Faucet Type Vacuum Breaker
						RSCV	Resilient Seated Check Valve

#	Location of cross connection? What system or device has the cross connection. Room #?	* Hazard level (MH/MoH/HH)	Existing protection type	Serial #	Date of last test (D/M/Y)	Acceptable protection (Y/N)	Recommended upgrade/ type	Provide size of device. Any comments?
1								
2								
3								
4								
5								
6								
7								
8								
9								

* MH = Minor, MoH = Moderate, HH = High or severe – Refer to CSA Standards

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.

Owner/tenant signature (sign each page): _____ Qualified tester signature (sign each): _____

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 Northumberland County By-law 38-2023 and may be used for the enforcement and administration of the By-law, and will be stored by the County 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 certified tester to these terms and uses, unless otherwise modified or revised in writing and delivered to the Senior Plumbing Inspector for the County of Northumberland.