

CITY OF ORILLIA

Cross-Connection Inspection Report



Email completed forms to: backflow@orillia.ca

Or mail to: City of Orillia ♦ 50 Andrew St. S., Suite 300 ♦ Orillia, ON L3V 7T5
Attention: John Hoos, Superintendent of Water Treatment and Supply

General Inquiries: 705-326-1502 ♦ Technical Inquiries: 705-325-2326



Customer Information

Company Name: _____ Account #: _____

Water Service Address: _____ Water Meter ID: _____

Contact Person: _____ Title: _____

Phone: _____ Email Address: _____

Property Owner and Street Address: _____

City: _____ Prov.: _____ Postal Code: _____

Business Type: (Please be specific, i.e. dry cleaner, shoe store etc.) _____

Principle use of water? _____

Water Use Information

Does the premises use water in any manufacturing/industrial or commercial process? Yes No

If yes, please specify: _____

Does the premises use any hazardous or toxic material or chemical in any kind of process? Yes No

If yes, please specify? _____

Do any hot water boilers, steam boilers, instantaneous heat exchange water heaters or steam generating facilities exist on the premises? If yes, does the system use chemical additives? Yes No Yes No N/A

Does the premises have any chemical mixing devices or industrial fluid systems attached to the plumbing system (i.e. cleaning agents, degreasers, hydraulic fluids, coolants etc.) Yes No

Does the premises have a fire protection system? Yes No

If yes, is the fire protection system supplied by a dedicated water line? Yes No N/A

What type of backflow device is being used on the fire protection system?

- Single swing check valve (SSCV)
- Reduce Pressure Backflow Preventer (RPBP)
- Double Check Valve Assembly (DCVA)
- Other

Is the fire service(s) equipped with water meter(s)? Yes No N/A

If yes, does fire sprinkler system have outside fire hose connections? Yes No N/A

If yes, does fire sprinkler system use chemical additives? Yes No N/A

Water Use Information (Continued)

- Is there a fixed lawn sprinkler system on the premises? Yes No
- Are there any auxiliary water supplies on the premises? Yes No
- Is there a booster pump attached to any portion of the plumbing system? Yes No
- Are there any buildings taller than 2 stories on the premises with water service? Yes No
- Is there any water softening equipment connected to the water service? Yes No
- Are there any solar heating systems on the premises? Yes No
- Are there any cooling towers connected to the system? Yes No
- Does firm have any potentially contaminated or sewer connected equipment on the premises such as aspirators, cuspidors, autoclaves, specimen tanks, sterilizers, laboratory, or mortuary/autopsy equipment? Yes No
- Is there more than one service line providing water to the premises? Yes No
- Are the service(s) equipped with water meter(s)? Yes No
- If more than one service, how many? _____ N/A
- Service Type (i.e. galvanized, lead, copper, plastic) _____
- Plumbing Type (i.e. galvanized, lead, copper, plastic) _____
- Are there as-built drawings providing detailed piping? Yes No
- If yes, are they correct? If no, complete page 4 with a sketch of service and potential cross-connections. Yes No N/A

Backflow Prevention & Cross-Connections

- Is there a backflow prevention device installed on the service line/lines providing water to the premises (premises isolation)? Yes No
- If YES, please complete the following device information:
- Device Type: _____ Size: _____ Manufacturer: _____
- Model: _____ Serial #: _____ Orientation: H VU VD
- Install location of backflow device: _____ Install Date: _____
- Is there an expansion tank installed? Yes No
- Is there a bypass on the premises isolation? Yes No N/A
- Are there any potential cross-connections at these premises as defined in 1020.1.4? Yes No

If YES to any of the above, please complete the chart on the following page.

Detailed Drawing – Piping System

Note: Required only if plumbing as-built drawing not available for review by qualified person.
Provide incoming service details and all potential cross-connection location details.