

# Design Level Cross Connection Survey

(for building permit applications for all municipalities within Greater Victoria)



<b>CRD Use Only</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date Received	Customer ID No	Facility ID No	Install ID No	Test ID

Municipality (Please check <input checked="" type="checkbox"/> the following facility location)	
<input type="checkbox"/> Victoria <input type="checkbox"/> Esquimalt <input type="checkbox"/> Oak Bay <input type="checkbox"/> Saanich <input type="checkbox"/> Central Saanich <input type="checkbox"/> Sidney <input type="checkbox"/> North Saanich <input type="checkbox"/> Sooke <input type="checkbox"/> East Sooke <input type="checkbox"/> Metchosin <input type="checkbox"/> Colwood <input type="checkbox"/> View Royal <input type="checkbox"/> Langford <input type="checkbox"/> Highlands	<b>Backflow Preventer (BFP) Type Glossary</b> <b>AG</b> – Air Gap <b>RP</b> – Reduced Pressure Principle Assembly <b>DC</b> – Double Check Valve Assembly <b>AVB</b> – Atmospheric Vacuum Breaker <b>PVB</b> – Pressure Vacuum Breaker <b>DCAPC</b> – Dual Check w/port

Designated Facility 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)			
Contact Person Email Address	Contact Phone No	Contact Fax No	Contact Cell No (other)

Facility Info (Please fill out this section)		
Facility Name (Common name of building/structure of installed device)		Facility Type (See list on web site below)
Facility Unit No	Facility Address (Street no, Street Name or Park Name)	Building Permit #
Facility Municipality	Name of Owner or Organization	Facility Hazard Level

Service Info (Please check <input checked="" type="checkbox"/> and fill out this section)	
<b>Service Connection(s) and Water Meter Size (inch)</b> <b>Combined Size:</b> <b>Domestic</b> <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"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> Other <b>Fire</b> <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"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> Other <b>Irrigation</b> <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"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> Other	<b>Premises Isolation at Water Meter or Water Entry?</b> <b>Yes</b> AG <input type="checkbox"/> RPBA <input type="checkbox"/> DCVA <input type="checkbox"/> Other <b>No</b> Explain <b>Area Protection:</b> <input type="checkbox"/> <b>Zone Protection:</b> <input type="checkbox"/> <b>Fire Line</b> RPBA <input type="checkbox"/> DCVA <input type="checkbox"/> Other <b>Design Line Pressure:</b> _____ (psi)

BFP Info (Please check <input checked="" type="checkbox"/> and fill out this section)			
Water Usage	Downstream Process	BFP Type (AG, AVB, PVB, RPBA, DCVA, DuC, HCVB, LFVB)	Location (Floor Level, Room No, Equipment Tag, etc.)
<b>Auxiliary Water Supply</b> No Interconnection	Well or Surface Water	<input type="checkbox"/> BFP Type: AG	<input type="checkbox"/> Location:
	Storage Tank	<input type="checkbox"/> BFP Type: AG	<input type="checkbox"/> Location:
	Reclaimed Water	<input type="checkbox"/> BFP Type: AG	<input type="checkbox"/> Location:
	Rainwater Harvesting	<input type="checkbox"/> BFP Type: AG	<input type="checkbox"/> Location:
	Other	<input type="checkbox"/> BFP Type: AG	<input type="checkbox"/> Location:
<b>Fire Sprinkler System</b>	w/Anti-freeze - chemical	<input type="checkbox"/> BFP Type: RPBA	<input type="checkbox"/> Location:
	Wet or Dry w/o chemical	<input type="checkbox"/> BFP Type: DCVA	<input type="checkbox"/> Location:
	Other	<input type="checkbox"/> BFP Type:	<input type="checkbox"/> Location:

Complete Two Copies: Both Sides

ATTACH to: Municipality copy with Permit Application

Revised 19-Feb- 2025

Website [www.crd.ca/crossconnection](http://www.crd.ca/crossconnection)

MAIL to: Parks, Recreation & Environmental Services  
 Cross Connection Control  
 625 Fisgard Street, PO Box 1000  
 Victoria, BC V8W 2S6 Tel: 250.474.9503

# Design Level Cross Connection Survey (cont'd)



## BFP Info (cont'd) (Please check ☒ and fill out this section)

Water Usage	Downstream Process	BFP Type ~ conditions apply	Location (Floor Level, Room No, Equipment Tag, etc.)
<b>Irrigation System</b>	<input type="checkbox"/> Chemical Injection <input type="checkbox"/> Non-Chemical Injection <input type="checkbox"/> Other	<input type="checkbox"/> RPBA <input type="checkbox"/> DCVA <input type="checkbox"/> BFP Type:	<input type="checkbox"/> Location: <input type="checkbox"/> Location: <input type="checkbox"/> Location:
<b>Heating / Cooling Equipment</b>	<input type="checkbox"/> Boiler w/chemical <input type="checkbox"/> Boiler w/o chemical <input type="checkbox"/> Heat Exchanger <input type="checkbox"/> Water Cooled Equipment <input type="checkbox"/> Other	<input type="checkbox"/> RPBA <input type="checkbox"/> DCVA <input type="checkbox"/> DCVA / ~ RPBA <input type="checkbox"/> RPBA / ~ DCAP <input type="checkbox"/> BFP Type:	<input type="checkbox"/> Location: <input type="checkbox"/> Location: <input type="checkbox"/> Location: <input type="checkbox"/> Location: <input type="checkbox"/> Location:
<b>Commercial Kitchen / Bar Equipment</b>	<input type="checkbox"/> Dish / Glass washer w/chemical <input type="checkbox"/> Canopy / Hood washer <input type="checkbox"/> Beverage Carbonator <input type="checkbox"/> Icemaker <input type="checkbox"/> Other	<input type="checkbox"/> RPBA or AG / ~ <input type="checkbox"/> RPBA <input type="checkbox"/> DCVA / ~ with DCAPC <input type="checkbox"/> AG or RPBA <input type="checkbox"/> BFP Type:	<input type="checkbox"/> Location: <input type="checkbox"/> Location: <input type="checkbox"/> Location: <input type="checkbox"/> Location: <input type="checkbox"/> Location:
<b>Commercial Cleaning, Sanitizing</b>	<input type="checkbox"/> Washing Machine w/chemical <input type="checkbox"/> Dry cleaning Equipment <input type="checkbox"/> Detergent Dispenser <input type="checkbox"/> Other	<input type="checkbox"/> RPBA or AG <input type="checkbox"/> RPBA <input type="checkbox"/> RPBA or AG <input type="checkbox"/> BFP Type:	<input type="checkbox"/> Location: <input type="checkbox"/> Location: <input type="checkbox"/> Location: <input type="checkbox"/> Location:
<b>Medical / Dental and / or Labs</b>	<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	<input type="checkbox"/> RPBA <input type="checkbox"/> RPBA or AG or ~LFVB <input type="checkbox"/> RPBA <input type="checkbox"/> RPBA <input type="checkbox"/> BFP Type:	<input type="checkbox"/> Location: <input type="checkbox"/> Location: <input type="checkbox"/> Location: <input type="checkbox"/> Location: <input type="checkbox"/> Location:
<b>Misc. (other equip)</b>	<input type="checkbox"/> Hose Connection <input type="checkbox"/> Reverse Osmosis w/chemical <input type="checkbox"/> Car wash Equipment <input type="checkbox"/> Other	<input type="checkbox"/> HCVB <input type="checkbox"/> RPBA <input type="checkbox"/> RPBA <input type="checkbox"/> BFP Type:	<input type="checkbox"/> Location: <input type="checkbox"/> Location: <input type="checkbox"/> Location: <input type="checkbox"/> Location:

## Designer / Cross Connection Control Survey Specialist (Please fill out this section and sign below)

All internal cross connections protected? ☐ Yes ☐ No Designed to CAN/CSA B64-10? ☐ Yes ☐ No Version \_\_\_\_\_

Designer (please print) \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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