



**Corporation of the
Township of Essa**

5786 County Road 21
Utopia, Ontario
L0M 1T0
Telephone (705) 424-9770

Cross Connection Survey Form

Part A: General Information									
Property Name: (Common name of building/tenant)		Property Address:			Primary Contact Person for Property:		Phone:		
							E-Mail:		
Owner/Business Name:		Mailing Address of Owner/Business:					Phone:		
							E-Mail:		
Qualified Person:		Qualified Company Name:		Qualified Person's Cross Connection Control (CCC) Certification #:		(CCC) Certification Date	Date Surveyed:		
						"			
Building Use/Description:		Degree of Hazard (DoH) - Premise: MODERATE (MoH) <input type="checkbox"/> SEVERE (HH) <input type="checkbox"/>		If Degree of Hazard - Premise is MINOR (MH), an explanation is required on Part B - Summary of this survey		ALL FIELDS ARE MANDATORY. THIS SURVEY MUST BE SUBMITTED TO THE TOWNSHIP OF ESSA WITHIN 30 DAYS OF THE DATE OF REQUEST.			
Premise Isolation - Domestic			Premise Isolation - Fire				Auxiliary Water Supply		
Type of Premise Isolation - Domestic? DCVA <input type="checkbox"/> RP <input type="checkbox"/> None		Water Service Size:	Fire protection system on the property? Yes <input type="checkbox"/> No <input type="checkbox"/>		Type of Premise Isolation- Fire: SCVAF <input type="checkbox"/> DCVA <input type="checkbox"/> Alarm <input type="checkbox"/> RP <input type="checkbox"/> None <input type="checkbox"/>		Is there an AUX present on the property?	Describe the Source of the AUX:	
If a Testable device is present: See Below:		If Fire System Present, See Below:				Yes <input type="checkbox"/> No <input type="checkbox"/>			
Protection Against Thermal Expansion? YES <input type="checkbox"/> NO <input type="checkbox"/>	Is Premise Isolation-Domestic By-Passed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Valid Test Tag Affixed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is there chemical addition? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is there a pump installed on the Fire System? YES <input type="checkbox"/> NO <input type="checkbox"/>	Fire Service Size:				
				If a Testable Device is present, See Below:					
Manufacture:		Model#:		Manufacture:	Model#:	Serial#:		What is AUX being used for?	
Serial#:		Device Size:	Device Size:	Valid Test Tag Affixed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is Premise Isolation- Fire By-Passed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is Auxiliary Water Supply Physically Connected to any Part of The Plumbing System or the Municipal Drinking Water System? Yes <input type="checkbox"/> No		
<p>"Owner" refers to any individual, firm, or corporation registered as the property owner, including their agents, persons with a limited estate in land, trustees holding the land, committees managing the estate of a mentally incompetent person, executors, administrators, or guardians.</p> <p>"Municipal Drinking Water System" refers to the Township's infrastructure, excluding plumbing systems, established to provide drinking water to users.</p> <p>"Plumbing System" refers to a water system not located within Township right-of-ways and easements, distinct from the municipal drinking water system as defined by the Ontario Building Code and its amendments.</p> <p>"Auxiliary Water Supply" (AUX) refers to any water source or system available in a building or on a property that is separate from the Township's municipal drinking water system.</p>									
NAME OF OWNER: (Please Print)				OWNERS SIGNATURE:			QUALIFIED PERSONS SIGNATURE:		
FOR OFFICE USE ONLY		DATE REQUESTED ___ / ___ / ___ mmtdd/yy			APPROVED BY		ON ___ / ___ / ___ mmtdd/yy		



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Part C: Detailed Sketch

Note: This form must be legible, printed, and filled out using blue or black ink. Please return it to the Township of Essa within 14 days of completion.

Please provide a detailed sketch of the incoming water service(s).
Sketch must include all details such as water meter, backflow preventers and bypasses.

Comments, recommendations:

Note: This form is not considered complete until Parts A, B, and C are fully completed.

Street Address:	Occupant/ Business Name:	Owner or Authorized Signature:
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