



Cross Connection Survey

TOWN OF LINCOLN

4800 South Service Road
 Beamsville ON L0R 1B1
 TEL 905 563 8205
 FAX 905 563 6566
 www.lincoln.ca

Surveyor required to submit copies of this report to the Town of Lincoln and the Owner of property.

Plumbing System

Fire Protection System

Facility:	Address:	Owner:	Page #:	Date: YYYY/MM/DD
Surveyor:	License #:	Phone #:	Designation:	

	Location of Cross Connection	Existing BPD	Serial # (If Applicable)	Date of Last Test (If Applicable)	Acceptable Protection Yes/No	Proposed BPD	REMARKS
1	PREMISE						
2							
3							
4							
5							
6							
7							
8							
9							
10							

<p>Legend: BPD- Backflow Prevention Device</p> <p>Designation: P- Professional Engineer "Attach Selection Documentation" C- Certified Engineering Technologist with Tester's License MP- Master Plumber with Contractors and Tester's License JP- Journeyman Plumber with Tester's License</p>	<p>Devices: AG Air Gap AVB* Atmospheric Type Vacuum Breaker DCAP*♦ Dual Check Valve Type with Atmospheric Port DCVA* Double Check Valve Assembly Type DUC*♦ Dual Check Valve Type DUCV*♦ Dual Check Valve Type with Intermediate Vent HCVB* Hose Connection Type Vacuum Breaker</p> <p>LACV* Listed Alarm Check Valve LFVB* Laboratory Faucet Type Vacuum Breaker N None PVB* Pressure Type Vacuum Breaker SCV* Resilient Seated Check Valve RP* Reduced Pressure Principal Type</p> <p><i>*Building Permits are required for installation of these devices ♦As per Town of Lincoln By-law 06-084, Dual Check Valves shall not be used for premise isolation</i></p>
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All selections shall be made in accordance with the Backflow Prevention Regulations Schedule "A" of the Town's By-law.
 The Town has jurisdiction over all selections of the Backflow Protection Devices

This survey must be completed by a qualified professional holding an approved designation (P, C, MP, or JP)