

CITY OF ORILLIA

Cross-Connection Inspection Report – CORRECTIVE ACTIONS

(Complete this report after device installation and submit to the City of Orillia)

Email completed forms to: backflow@orillia.ca

Or mail to: City of Orillia ♦ 50 Andrew St. S., Suite 300 ♦ Orillia, ON L3V 7T5
Attention: Jason Micallef, Superintendent of Metering and Backflow Prevention

General Inquiries: 705-329-7249 ♦ Technical Inquiries: 705-325-2326

Please remember to acquire the necessary plumbing permits for all alterations to plumbing, including backflow prevention device installations from Development Services, Building Division at City Hall, 50 Andrew St. S., 3rd Floor.

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.) _____

Device Specifications

Building Permit #: _____

Assessment of health "hazard level" as per CAN/CSA B64.10.1-11 Category of Hazards: Moderate
 High (Severe)

Type of Device Installed: DCVA RP Device Size: _____ Orientation: VU VD H
Manufacturer: _____ Model: _____ Serial #: _____
Expansion Tank Installed: Yes No Pressure Relief Valve Installed: Yes No
Installation Location: _____ Installation Date (mm/dd/yyyy): _____
Corrective Actions Taken: _____

Qualified Person/Owner

I hereby certify that, to the best of my knowledge, all of the preceding information is accurate and true.

Qualified Person: _____ Company: _____
Cross Connection Control Specialist Certificate #: _____
Signature: _____ Date: _____

Owner: _____ Title: _____
Signature: _____ Date: _____