CROSS CONNECTION CONTROL
DEVICE REMOVAL REPORT

97 Hurontario Street
Collingwood ON, L9Y 2L8
705-445-1030 x 3321
eorser@collingwood.ca

This form must be legible, printed and completed in blue or black ink.
Please note all information including signatures must be completed prior to submission.

Premises information		
Premises Address:	Occupant / Business:	
Premises Owner:		Phone:
Premises Owners Mailing Address:		Unit Number:
City: Province:		Postal Code:
Owners Email Address:		Mail Contact:
Signature of Owner or Authorised Signatory:		Date:

Qualified Contractor Information	
Qualified Contractor Name:	Phone:
Qualified Contractor Company Name:	Email:
OWWA Certification #:	

Existing Device Information			
Domestic ☐ Fire ☐ Irrigation ☐ Other ☐		Type of Device: RP (F) ☐ DCVA (F) ☐ (SR) PVB ☐	
Device Make:	Model:	Serial #:	Size:
Premise Isolation ☐ Zone ☐ Individual ☐		Device Orientation: Horizontal ☐ Vertical Up ☐ Vertical Down ☐	
Device Location:		Removal Date:	
Reason for Device Removal:			

New Device Information			
Domestic ☐ Fire ☐ Irrigation ☐ Other ☐		Type of Device: RP (F) ☐ DCVA (F) ☐ (SR) PVB ☐	
Device Make:	Model:	Serial #:	Size:
Premise Isolation ☐ Zone ☐ Individual ☐		Device Orientation: Horizontal ☐ Vertical Up ☐ Vertical Down ☐	
Device Location:		Town of Collingwood Test Tag Affixed : Yes ☐ No ☐	
A plumbing permit is required and can be obtained from the Town of Collingwood Building Services, prior to commencing any installation.			
Building permit #:		Install Date:	

A completed Town of Collingwood Cross Connection Control Testing and Inspection Report,
for the replacement Device must be submitted with this form.

I certify that I have tested the above backflow prevention device in accordance with the Town Of Collingwood Backflow Prevention By-law; as amended, and CSA B64 Standards.

Signature of Qualified Contractor:	Date:

COLLINGWOOD	CROSS CONNECTION CONTROL DEVICE REMOVAL REPORT	97 Hurontario Street Collingwood ON, L9Y 2L8 705-445-1030 x 3321 eorser@collingwood.ca

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Premises information

Premises Address:	Occupant / Business:
Signature of Owner or Authorised Signatory:	Date:

Qualified Contractor Information

Qualified Contractor Name:	OWWA Certification #:
Qualified Contractor Company Name:	Phone #:
Email:	

Provide a detailed sketch of all incoming water service(s). Include details such as the water meter, backflow preventers and bypasses:

Comments, recommendations:

I certify that I have installed the above backflow prevention device in accordance with the Town Of Collingwood Backflow Prevention By-law; as amended, and CSA B64 Standards.

Signature of Qualified Contractor:	Date: