



Building Services
 Town of Newmarket
 395 Mulock Drive P.O. Box 328,
 Newmarket, Ontario, L3Y 4X7

**Backflow Prevention Program
 Corrective Action Report (DRAFT)**
 Document No: PWS-F068
 Original: January 10, 2019
 Revision No:

Email: backflowprevention@newmarket.ca | Website: newmarket.ca | Phone: 905-953-5300 ext. 2400

This form must be completed and submitted by the Property Owner, or Agent of an Industrial, Commercial, Institutional, or Multi-Residential building. The Cross-Connection Control Survey must be completed and signed by a qualified person in accordance with the Town of Newmarket's By-Law No. 2019-xx.

Section 1: Facility Information

Street Address of Property:	Postal Code:	Property Type: <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Institutional <input type="checkbox"/> Multi-Residential	Water Account No:
Water Meter Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Water Meter Size:	Water Meter Serial No:	Incoming Water Service Size (mm):	Type of Use (e.g. laundry, metal, funeral home, dental etc.):

Section 2: Owner/ Agent/ Occupant Information

Property Owner:	Owner's Mailing Address:	Owners Phone:	Owner's Email Address:
Owner's Agent: <input type="checkbox"/> Same as Owner	Agent's Mailing Address:	Agent's Phone:	Agent's Email Address:
Occupant's Name: <input type="checkbox"/> Same as Owner	Occupant's Mailing Address:	Occupant's Phone:	Occupant's Email Address:

Section 3: Qualified Person Information

Qualified Person/Firm Performing Survey:	Contact Name:	Phone:	Email:
Professional Engineer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Certified Engineering Technologist: <input type="checkbox"/> Yes <input type="checkbox"/> No	Licensed Master Plumber: <input type="checkbox"/> Yes <input type="checkbox"/> No	Journeyman Plumber: <input type="checkbox"/> Yes <input type="checkbox"/> No
Valid OWWA Certificate #:	OWWA Certification Date:	Certificate Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 4 – Corrective Actions

Corrective Action Required	Status	Date Completed (yyyy/mm/dd)
	<input type="checkbox"/> Outstanding <input type="checkbox"/> Completed	
	<input type="checkbox"/> Outstanding <input type="checkbox"/> Completed	
	<input type="checkbox"/> Outstanding <input type="checkbox"/> Completed	
	<input type="checkbox"/> Outstanding <input type="checkbox"/> Completed	
	<input type="checkbox"/> Outstanding <input type="checkbox"/> Completed	

Section 5 – Signatures

Name of Owner:	Signature:	Date:
Owners Authorized Contact:	Signature:	Date:
Certified Contractor:	Signature:	Date:
FULL DISCLOSURE REQUIRED: It is the responsibility of the owner or agent, to inform the Qualified Person of all inspections, test results and cross control surveys to permit reporting on the status of the corrective actions.		
Please submit completed form with the subject line “ Backflow Corrective Actions Report – Street Address” to: backflowprevention@newmarket.ca		