



Department of Environmental Protection

One Winter Street Boston, MA 02108 • 617-292-5500

Charles D. Baker
Governor

Karyn E. Polito
Lieutenant Governor

Kathleen A. Theoharides
Secretary

Martin Suuberg
Commissioner

CROSS-CONNECTION CONTROL PROGRAM PLAN QUESTIONNAIRE FOR NON-COMMUNITY PUBLIC WATER SYSTEMS (TRANSIENT & NON-TRANSIENT – TNC & NTNC)

I. PUBLIC WATER SYSTEM RESPONSIBILITIES

Pursuant to 310 CMR 22.22 *Cross Connections Distribution System Protection*, every public water system shall:

- 1) Be responsible for the quality of water delivered to its consumers to the last free flowing outlet and for the safety of the public water system under its jurisdiction; and
- 2) Have a Cross-connection Control Program (CCCP) plan that is approved by the Massachusetts Department of Environmental Protection (MassDEP).

Our records indicate that your public water system does not have a Cross-connection Control Program plan approved by MassDEP. This document once completed for your public water system and approved by MassDEP, may become your Cross-connection Control Program Plan. Please take the time to answer all the questions to the best of your ability.

Your public water system will be in noncompliance of 310 CMR 22.22 if you fail to submit to MassDEP for its approval of your Cross-connection Control Program plan. Your public water system may also be subject to enforcement, including, but not limited to the assessment of civil administrative penalties by MassDEP. A civil administrative penalty may be assessed by MassDEP for every day that the public water system is in noncompliance with its Cross-connection Control Program responsibilities.

II. PUBLIC WATER SYSTEM INFORMATION *(Print)*

PWS ID#:	_ / _ / _ / _ / _ / _ / _ / _	City/Town	
PWS Name:			
Class:	<input type="checkbox"/> Non-Transient Non-Community (NTNC)	<input type="checkbox"/> Transient Non-Community (TNC)	
Type of use:	<input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial	<input type="checkbox"/> Institutional
	<input type="checkbox"/> Water Vending Machine	<input type="checkbox"/> Other	
Facility Address			MA
	<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip</i>
Mailing Address			
	<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip</i>
PWS Official:	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.		() -
	<i>Name (Print)</i>		
PWS Official E-mail Address:			
Certified Operator:	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.		() -
	<i>Name</i>		
	Grade(s):		Certificate ID#:

IV. PWS RESPONSIBLE PARTY

I certify under penalty of law that I am the owner or person authorized to fill out this form and that the information contained herein is true, accurate, and complete to the best of my knowledge and belief.

Name _____

(Print)

Signature _____

Title _____

Date ____/____/____

FOR MassDEP USE ONLY:

CROSS-CONNECTION CONTROL PROGRAM PLAN:

APPROVED

DENIED

Comments: _____

MassDEP STAFF:

Name: _____

Title: _____

Signature: _____

Date: ____/____/____