



Department of Environmental Protection

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

CROSS-CONNECTION CONTROL PROGRAM PLAN FOR SMALL COMMUNITY PUBLIC WATER SYSTEMS (POPULATION LESS THAN (<) 3,300)

I. PUBLIC WATER SYSTEM RESPONSIBILITIES

Pursuant to the Massachusetts' *Distribution System Protection Cross-connection Control* regulations, 310 CMR 22.22, 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 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, will become your *Cross-connection Control Program Plan*. Please take the time to answer all the questions to the best of your ability. If you have any questions contact the MassDEP Regional Office, to find out your MassDEP Regional Office see the table at the end of this document.

Your public water system will be in noncompliance of 310 CMR 22.22 if you fail to submit to MassDEP for the approval of your cross-connection control program plan. The public water system may also be subject to enforcement action, 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 regulations.

II. PUBLIC WATER SYSTEM INFORMATION *(Print)*

PWS ID#:	<input type="text"/>	City/Town	<input type="text"/>
PWS Name:	<input type="text"/>		
Facility Address:	<input type="text"/>		MA
	Street	City/Town	State Zip
Mailing Address	<input type="text"/>		
	Street	City/Town	State Zip
PWS Manager/Owner:	<input type="text"/>	Phone #:	<input type="text"/>
	Name (Print)		
Certified Operator:	<input type="text"/>	Phone #:	<input type="text"/>
	Name (Print)		
	Grade(s):	Certificate Number(s):	<input type="text"/>

III. CCCP PLAN QUESTIONNAIRE

<p>1. Was a cross-connection survey conducted on all of the <u>non-residential</u> facilities served by your public water system? <i>Cross-connection can be found in the following locations: boilers, lawn irrigation system, swimming pool, fire protection system, dishwasher, central air conditioning or cooling systems, outside watering taps and garden hoses, etc. (If NO, go to question number nine (9))</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>2. Was the cross-connection survey(s) conducted by a MassDEP Certified Cross-connection Surveyor? If YES, provide the date of the cc survey, name of cc surveyor(s), cc surveyor's MassDEP cert. # and cert. expiration date and <u>attach the cross-connection survey report form or violation notice to this questionnaire.</u></p> <p>_____/_____/_____ _____ _____ _____/_____/_____</p> <p>Date of CC Survey CC Surveyor's Name (Print) MassDEP Cert. ID# Cert. Expiration Date</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>3. Did the cross-connection survey(s) conducted on industrial, commercial and institutional facilities served by your public water system reveal any cross-connections?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>4. Have you taken the appropriate actions to eliminate or properly protect all cross-connections found? If YES, mark the type of backflow devices and assemblies used: (check all that apply)</p> <p><input type="checkbox"/> DCVA <input type="checkbox"/> RBPB <input type="checkbox"/> PVB/SRPVB <input type="checkbox"/> AVB <input type="checkbox"/> Other _____</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>5. If YES on question four (4), have the plans for the installation of any of those devices reviewed by a MassDEP Certified Cross-connection Surveyor and approved by a PWS official?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>6. Has a Massachusetts Certified Plumber installed all the backflow preventers listed on question four (4)?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>7. Are the backflow prevention devices tested in accordance with the frequency stated in 310 CMR 22.22(14)(d): RPBP - semi-annually and DCVA - annually. <i>(All backflow prevention devices shall be tested by a MassDEP Certified Cross-connection Tester.)</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>8. If you answered NO to question number seven (7), do you plan to have the backflow protection devices tested within the next twelve (12) months and in accordance with the frequency stated in 310 CMR 22.22(14)(d)?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>9. If the answer to question number one (1) was NO, do you plan to have all the industrial, commercial and institutional facilities served by your public water system surveyed within the next twelve (12) months. <i>(Effective January 1, 1999, all cross-connection surveys shall be conducted by a MassDEP Certified Cross-connection Surveyor.)</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>10. Is your public water system prepared to review and approve plans for the installation of backflow prevention devices on cross connections found? <i>As of January 1, 1999, all design data sheets and plans for the installation of backflow prevention devices shall be reviewed by a MassDEP Certified Cross-connection Surveyor. If YES, list name and certification number of the Cross-connection Surveyor(s). (If more than one use additional sheet.)</i></p> <p>_____/_____/_____ _____ _____/_____/_____</p> <p>CC Surveyor's Name (Print) MassDEP Cert. ID# Expiration Date</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>11. If you answered NO to question number eight (8), does your public water system plan review and approve plans for the installation of backflow prevention devices on cross cross-connections found within the next twelve (12) months?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>12. Do you ensure or plan to ensure that backflow prevention devices are installed according to the approved design data sheet and plans, and tested for proper operation upon completion of the installation of the backflow prevention device?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>13. Do you have a Massachusetts certified cross-connection surveyor on staff to oversee the cross-connection control program?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>14. If you answered NO to question eleven (11), do you plan to contract out for the services of a MassDEP Certified Cross-connection Surveyor within the next twelve (12) months to oversee the cross-connection control program? <i>You may not delegate, or sub-delegate, contract or subcontract this responsibility to any other entity, unless otherwise authorized in writing by the MassDEP. If you plan to delegate, or sub-delegate, contract or subcontract any part of your cross connection control program, use the attached form entitled: REQUEST FOR AUTHORIZATION CROSS-CONNECTION PROGRAM PLAN. If a public water system chooses to delegate or contract for the review and approval of design data sheets and the plans for the installation of backflow prevention devices for the protection of cross-connections, the requirement for having a Massachusetts certified cross-connection surveyor on staff may be satisfied the delegated or contracted surveyor.</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

15. Do you have or plan to establish within the next twelve (12) months a residential cross-connection education program to inform the consumers of water about the health risks associated with cross-connections and backflow incidents?	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Do you have or plan to establish within the next twelve (12) months a record keeping system that track when cross-connection devices are tested and when cross-connection surveys are conducted	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. Did you notify or do you plan to notify within the next twelve (12) months public officials about your cross-connection control program requirements?	<input type="checkbox"/> YES <input type="checkbox"/> NO
18. Do you or your designees plan to attend the MassDEP Annual Cross-connection Control Workshops?	<input type="checkbox"/> YES <input type="checkbox"/> NO
19. Do you maintain or plan to maintain records of the following: a) a list of approved and registered backflow prevention devices within your service area, b) the number and type of facilities survey every year, c) the number and type of violation found every year, and d) the number of new devices installed and the number of existing devices that were removed or replaced	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. Do you have or plan to establish an enforcement action plan for individuals who maintain unapproved or unprotected cross-connections?	<input type="checkbox"/> YES <input type="checkbox"/> NO
21. Do you notify or plan to notify cross-connection owners of their responsibilities relative to cross-connection control program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
22. Do you generate or plan to generate all necessary correspondence relative to the administration and operation of the cross-connection control program?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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 _____ Title _____

Signature _____ Date ____/____/____

- This form and the appropriate documentation if approved by the Department, will become your "Cross Connection Control Program Plan" for your public water system as required by 310 CMR 22.22(3)(b).
- If you answered **NO** to any of the above questions excluding question number one (1) contact the DEP Regional Office cross connection coordinator in your area for further assistance.
- Attached is a list of DEP Regional Office addresses and their respective contact person.
- Return the completed form to: **MassDEP Regional Office where your system is located Attn.: Small COM CCCP Plan**

MassDEP Regional Offices *:

If your PWSID# starts with the number one (1) mail the form to: MassDEP Western Regional Office - WERO 436 Dwight Street, 4 th Floor, Springfield, MA 01103 Tel: 413-784-1100 Fax: 413-784-1149 Contact: David Averill 413-755-2270	If your PWSID# starts with the number two (2) mail the form to: MassDEP Central Regional Office - CERO 8 New Bond Street, Worcester, MA 01606 Tel: 508-792-7650 Fax: 508-792-7621 Contact: Angela Jaffarian 508-849-4012
If your PWSID# starts with the number three (3) mail the form to: MassDEP Northeast Regional Office - NERO 205-B Lowell Street, Wilmington, MA 01887 Tel: (978) 694-3200 Fax: 978-694-3499 Contact: Sean Griffin 978-694-3404	If your PWSID# starts with the number four (4) mail the form to: MassDEP Southeast Regional Office - SERO 20 Riverside Drive, Lakeville, MA 02347 Tel: 508 946-2714 Fax: 508-947-6557 Contact: Scott Sayers 508-946-2780

* You may also contact the Drinking Water Program or submit scanned pdf reports to program.director-dwp@mass.gov Subject: CCCP

FOR MassDEP USE ONLY:

CROSS-CONNECTION CONTROL PROGRAM PLAN: APPROVED DENIED

COMMENTS: _____

MassDEP Staff Approving this CCCP Plan:

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: ____/____/____

Commonwealth of Massachusetts
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DRINKING WATER PROGRAM

**REQUEST FOR AUTHORIZATION TO DELEGATE, SUB-DELEGATE, CONTRACT OR SUBCONTRACT
CROSS-CONNECTION SURVEYORS RESPONSIBILITIES**

(Please Print)

Public Water System Name: _____

PWS ID#: ____/____/____/____/____/____/____/____ City/Town: _____

The above named public water system requests the authorization to delegate, or sub-delegate, contract or subcontracts the responsibilities for the review and approval of the design data sheet and plans for the installation of backflow prevention devices for the protection of cross connections. *In approving any such a contact arrangement, MassDEP will require that all determinations made by the contracted Certified Cross-connection Surveyor be contained in letters (carrying the public water system letterhead) which are signed by the authorized person of the public water system.*

The services of a MassDEP Certified Cross-connection Surveyor was or will be retained by the public water system to review and approve the design data sheet and plans for the installation of backflow prevention devices for the protection of cross connections as specified at 310 CMR 22.22(3)(r). The name of the Massachusetts certified cross connection surveyor is as follows:

Certified CC Surveyor's Name (print): _____

MassDEP Cert. ID# _____ Cert. Expiration Date: ____/____/____

Company Name: _____ Phone # (____) ____ - _____

Address: _____
Street City/Town State Zip

The above named public water system certifies that the review and approval of design data sheet and the plans for the installation of backflow prevention devices for the protection of cross connections will be conducted by the above named Massachusetts certified cross connection surveyor.

I certify under penalty of law that this document, the information contained herein is true, accurate, and complete to the best of my knowledge and belief. The public water system understands that this completed form will be incorporated into its cross connection program plan as previously approved by the Department.

PWS official name: _____ Title: _____

Signature: _____ Date: _____

For MassDEP Use Only: Date Received ____/____/____ Date Filed: ____/____/____

Staff Name: _____ Title: _____

Comments: _____