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#: _		City/Town	
PWS Name:			
Facility Address:			MA
	Street	City/Town	State Zip
Mailing Address			
	Street	City/Town	State Zip
PWS Manager/Owner	:	Phone #: (_)
	Name (Print)		
Certified Operator:		Phone #: (_)
	Name (Print)		
	Grade(s):	Certificate Number	(s):

III. CCCP PLAN QUESTIONNAIRE

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</i>	☐ YES	□ NO
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))		
Was the cross-connection survey(s) conducted by a MassDEP Certified Cross-connection	YES	
Surveyor? If YES, provide the date of the cc survey, name of cc surveyor(s), cc surveyor's	□ TES	⊔ NO
MassDEP cert. # and cert. expiration date and attach the cross-connection survey report		
form or violation notice to this questionnaire.		
Date of CC Survey CC Surveyor's Name (Print) MassDEP Cert. ID# Cert. Expiration Date		
3. Did the cross-connection survey(s) conducted on industrial, commercial and institutional facilities	☐ YES	\square NO
served by your public water system reveal any cross-connections?		<u></u> _
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)	☐ YES	□ NO
□ DCVA □ RPBP □ PVB/SRPVB □ AVB □ Other		
5. If YES on question four (4), have the plans for the installation of any of those devices reviewed by a	☐ YES	□ №
MassDEP Certified Cross-connection Surveyor and approved by a PWS official?		
6. Has a Massachusetts Certified Plumber installed all the backflow preventers listed on question four (4)?	YES	\square NO
7. Are the backflow prevention devices tested in accordance with the frequency stated in 310 CMR	YES	□ №
22.22(14)(d): RPBP - semi-annually and DCVA - annually.		
(All backflow prevention devices shall be tested by a MassDEP Certified Cross-connection Tester.)		
8. If you answered NO to question number seven (7), do you plan to have the backflow protection	☐ YES	\square NO
devices tested within the next twelve (12) months and in accordance with the frequency stated in 310 CMR 22.22(14)(d)?		
9. If the answer to question number one (1) was NO , do you plan to have all the industrial, commercial	YES	□ №
and institutional facilities served by your public water system surveyed within the next twelve (12)		
months. (Effective January 1, 1999, all cross-connection surveys shall be conducted by a MassDEP		
Certified Cross-connection Surveyor.)		
10. Is your public water system prepared to review and approve plans for the installation of	☐ YES	\square no
backflow prevention devices on cross connections found?		
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.)		
CC Surveyor's Name (Print) MassDEP Cert. ID# Expiration Date		
11. If you answered NO to question number eight (8), does your public water system plan review and	☐ YES	□ NO
approve plans for the installation of backflow prevention devices on cross cross-connections found within the next twelve (12) months?	L TES	
12. Do you ensure or plan to ensure that backflow prevention devices are installed according to the	☐ YES	□ NO
approved design data sheet and plans, and tested for proper operation upon completion of the	□ TES	
installation of the backflow prevention device?		
13. Do you have a Massachusetts certified cross-connection surveyor on staff to oversee the cross-	YES	□ №
connection control program?		
14. If you answered NO to question eleven (11), do you plan to contract out for the services of a	☐ YES	□ №
MassDEP Certified Cross-connection Surveyor within the next twelve (12) months to oversee the cross-	•	•
connection control program? 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.		
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15. Do you have or plan to establish within the next twelve (12) n		☐ YES	\square NO
education program to inform the consumers of water about the h			
connections and backflow incidents?			
16. Do you have or plan to establish within the next twelve (12) n		☐ YES	\square NO
track when cross-connection devices are tested and when cross-			
17. Did you notify or do you plan to notify within the next twelve (12) months public officials about your	☐ YES	\square NO
cross-connection control program requirements?			
18. Do you or your designees plan to attend the MassDEP Annu	al Cross-connection Control	☐ YES	\square NO
Workshops?			
19. Do you maintain or plan to maintain records of the following:		☐ YES	\square NO
a) a list of approved and registered backflow prevention device	s 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	. Control to the state of the s		
d) the number of new devices installed and the number of exist			_
20. Do you have or plan to establish an enforcement action plan	for individuals who maintain	│	∐ NO
unapproved or unprotected cross-connections?		 	_
21. Do you notify or plan to notify cross-connection owners of the	eir responsibilities relative to cross-	│	∐ NO
connection control program?	1	 	
22. Do you generate or plan to generate all necessary correspond	idence relative to the administration	│	∐ NO
and operation of the cross-connection control program?			
IV. PWS RESPONSIBLE PARTY			
I certify under penalty of law that I am the owner or person	authorized to fill out this form and th	nat the inform	mation
contained herein is true, accurate, and complete to the best	st of my knowledge and belief.		
Name_	Title		
Signature	Data /	1	
-			
This form and the appropriate documentation if approved by	y the Department, will becomes your "C		tion Control
This form and the appropriate documentation if approved by Program Plan" for your public water system as required by 3.	by the Department, will becomes your "C 810 CMR 22.22(3)(b).	ross Connec	
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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)

PWS ID#:/_	/	/_	/_	/	_/	City/T	own:				
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