



## Public Water System Cross-Connection Control Activities Annual Summary Report for \_\_\_\_

### Part 1: Public Water System (PWS) and Cross-Connection Control Specialist (CCS) Information

PWS ID:	PWS Name:	County:
Provide name and certification number of CCS who develops and implements your CCC program.		
CCS Name (Last, First & MI):		CCS Phone: (____) ____ - ____
CCS Cert. No.:	BAT Cert. No. (if applicable):	
CCS is (check one): PWS owner or employee <input type="checkbox"/> On contract to PWS <input type="checkbox"/> Volunteer or other <input type="checkbox"/>		

### Part 2: Status of Cross-Connection Control (CCC) Program at end of Reporting Year

<b>PWS has</b> (check one box in each column below):	
A written CCC program plan Y <input type="checkbox"/> N <input type="checkbox"/>	CCC implementation activities Y <input type="checkbox"/> N <input type="checkbox"/>

(CCC program plan may be a separate document or part of water system plan or small water system management program.)

Provide information about PWS's specific CCC Program Elements. *Check one box in each column for each row.*

Program Element Number	Description of Element [See WAC 246-290-490(3)]	This Program Element is Currently:	
		Included in Written Program	Being Implemented or is Completed
1	Legal Authority Established	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
2	Hazard Evaluation Procedures and Schedules	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
3	CCC Procedures and Schedules	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
4	Certified CCS Provided	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
5	Backflow Preventer Inspection and Testing	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
6	Testing Quality Control Assurance Program	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
7	Backflow Incident Response Procedures	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
8	Public Education Program	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
9	CCC Records	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
10	Reclaimed Water Permit	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>

*Did you check one box in EACH of the above columns for EACH row?*

### Part 3A: System Characteristics

Indicate the number of connections of each type that the PWS serves (whether or not they are protected by backflow preventers). **Estimate if necessary.**

Type of Service Connection	Number
Residential (as defined by PWS)	
All Other (include dedicated fire sprinkler and irrigation lines and PWS-owned facilities such as water and wastewater treatment plants and pumping stations, parks, piers, and docks)	
<b>Total Number of Connections</b>	

## Part 3B: Cross-Connection Control for High-Hazard Premises or Systems Served by the PWS

If PWS does not serve any high-hazard premises or systems, check here  and go to Part 4.

- Complete all cells. Count only premises PWS serves water to. Enter zero (0) if PWS doesn't serve such premises.
- Report data as accurately as possible. DOH currently bases CCC compliance actions on this information.

Type of High-Hazard Premises or Systems [WAC 246-290-490(4)(b)]	Number of Connections			
	A. Being Served Water by PWS <sup>1</sup>	B. With Premises Isolation by AG or RP <sup>2</sup>	C. With Column B AG Inspected or RP Tested	D. Granted Exception from Mandatory Premises Isolation
Agricultural (farms and dairies)				
Beverage bottling plants (including breweries)				
Car washes				
Chemical plants				
Commercial laundries and dry cleaners				
Both reclaimed water and potable water provided				
Film processing facilities				
Dedicated fire protection systems with chemical addition or using unapproved auxiliary supplies				
Food processing plants (including canneries, slaughter houses, rendering plants)				
Hospitals, medical centers, nursing homes, veterinary, medical and dental clinics, blood plasma centers and mortuaries. <b>Please complete Part 3C on next page.</b>				
Dedicated irrigation systems using purveyor's water supply and with chemical addition <sup>4</sup>				
Laboratories				
Metal plating industries				
Petroleum processing or storage plants				
Piers and docks				
Radioactive material processing plants or nuclear reactors				
Survey access denied or restricted				
Wastewater lift/pump stations (non-residential only)				
Wastewater treatment plants				
Unapproved auxiliary water supply interconnected with potable water supply				
Other high-hazard premises (please list): <sup>5</sup>				
<b>Totals</b>				

<sup>1</sup> Count multiple connections or parallel installations to the same premises as *separate* connections.

<sup>2</sup> Count only those connections with AG or RPBA installed for premises isolation. Don't include connections with in-premises protection only, or connections with DCVAs or DCDAs installed for premises isolation.

<sup>3</sup> Count only those connections *whose premises isolation preventers* were inspected (AG) or tested (RPBA) during report year.

<sup>4</sup> For example, dedicated lines to irrigation systems in parks, playgrounds, golf courses, cemeteries, estates, etc.

<sup>5</sup> Premises with hazardous materials or processes (requiring isolation by AG or RPBA) such as: aircraft and automotive manufacturers, pulp and paper mills, metal manufacturers, military bases, and wholesale customers that pose a high hazard to the PWS. May be grouped together in categories, e.g.: *other manufacturing* or *other commercial*. **If needed, attach additional sheet giving same information as requested in table.**

## Part 3C: Cross-Connection Control for Medical Premises Served by the PWS

If PWS does not serve any medical premises of the types shown below, check here  and go to Part 4.

- Complete all cells. **Do not count the same premises more than once.**
- Count only premises PWS serves water to. Enter zero (0) if PWS doesn't serve such premises.
- Report data as accurately as possible. DOH will base CCC compliance actions on this information.

Type of High-Hazard Premises or Systems [WAC 246-290-490(4)(b)]	Number of Connections at end of year			
	A. Being Served Water by PWS <sup>1</sup>	B. With Premises Isolation by AG or RP <sup>2</sup>	C. With Column B AG Inspected or RP Tested <sup>3</sup>	D. Granted Exception from Mandatory Premises Isolation
<b>Hospitals</b>				
Hospitals (include psychiatric hospitals and alcohol and drug treatment centers)				
<b>Facilities for Treatment and Care of Patients not Located in Hospitals Counted Above</b>				
Same day surgery centers				
Out-patient clinics and offices				
Alternative health out-patient clinics and offices				
Psychiatric out-patient clinics and offices				
Chiropractors				
Hospice care centers				
Childbirth centers				
Kidney dialysis centers				
Blood centers				
Dental clinics and offices				
<b>Facilities for Housing Patients</b>				
Nursing homes				
Boarding homes				
Residential treatment centers				
<b>Other Medical-Related Facilities</b>				
Mortuaries				
Morgues and autopsy facilities (not in hospitals)				
Veterinarian offices, clinics, and hospitals				
All other (describe in Part 6: Comments on pg 6)				
<b>Totals</b>				

<sup>1</sup> Count multiple connections or parallel installations to the same premises as *separate* connections.

<sup>2</sup> Count only connections with premises isolation AGs or RPs (RPBA or RPDA). Don't include connections with in-premises protection only or connections with DCVAs or DCDAs installed for premises isolation.

<sup>3</sup> Count only connections whose premises isolation preventers were inspected (AG) or tested (RP's) during report year. The number in Column C can't be larger than the number in Column B in the same row.

**Part 4A: Backflow Preventer Inventory and Testing Data**

- Complete all cells. **Count only backflow preventers relied on to protect the PWS.** Enter zero (0), if there are no backflow preventers in that category.
- **If PWS records don't distinguish between premises isolation and in-premises protection preventers, enter all data in rows 1-6 and check box above row 1.**
- Count AVBs on irrigation systems only. **If you don't track AVBs, check the box above the "AVB" column.**
- Count multiple tests (or failures) for any particular backflow preventer as one test (or failure).
- Count each assembly separately for multiple service connections or parallel installations. Count RPDA's and DCDA's as single assemblies (don't count bypass separately).
- Count assemblies installed on dedicated fire or irrigation lines as Premises Isolation Assemblies. **If PWS doesn't track AVBs, check here.**

Backflow Preventer Category and Inspection/Testing Information		Air Gap	RPBA	RPDA	DCVA	DCDA	PVBA	SVBA	AVB
<b>Premises Isolation, including preventers isolating PWS-owned facilities. <i>If In-Premises Protection preventers are also included, check here</i></b> <input type="checkbox"/> .									
<i>Rows 1 – 3 pertain ONLY to Premises Isolation preventers in service at beginning of the year _____ (fill in report year)</i>									
1	In service at beginning of year								
2	Inspected and/or tested <sup>1</sup>								
3	Failed inspection or test this year								
<i>Rows 4 – 6 pertain ONLY to NEW Premises Isolation preventers installed during the reporting year</i>									
4	New preventers installed <sup>2</sup>								
5	Inspected and/or tested <sup>1</sup>								
6	Failed inspection or test <sup>3</sup>								
7	Preventers taken out of service this year <sup>3</sup>								
<b>Premises Isolation Total at end of year<sup>4</sup></b>									
<b>In-Premises Protection (Fixture Protection or Area Isolation), including preventers within PWS-owned facilities.</b>									
<i>Rows 8 – 10 pertain ONLY to In-Premises Protection Preventers in service at beginning of report year</i>									
8	In service at beginning of year								
9	Inspected and/or tested <sup>1</sup>								
10	Failed inspection or test this year								
<i>Rows 11 – 13 pertain ONLY to NEW In-Premises Protection preventers installed during the reporting year</i>									
11	New preventers installed <sup>2</sup>								
12	Inspected and/or tested <sup>1</sup>								
13	Failed inspection or test this year								
14	Preventers taken out of service <sup>3</sup>								
<b>In-Premises Protection Total at end of year<sup>4</sup></b>									
<b>Grand Total at end of reporting year</b>									

<sup>1</sup> Initial and/or routine annual inspection (for proper installation and approval status) and/or test (for testable assemblies only using DOH/USC test procedures).  
<sup>2</sup> Includes preventers installed on connections where backflow prevention was not previously required and any preventers that replaced those in service at beginning of the report year. Replacement preventers may be of a different type than the original.  
<sup>3</sup> New or existing preventers taken out of service, whether or not they were replaced by the same type or different type of preventer.  
<sup>4</sup> Total at end of the year should be equal to the number of preventers in service at beginning of year plus those installed during the year minus the number of preventers taken out of service during the reporting year.

**Part 4B: Other Implementation Activities**

Complete all cells. Enter zero (0) if not applicable.

Activity or Condition	Number
<i>New</i> service connections evaluated for cross-connection hazards to PWS.	
<i>New</i> service connections requiring backflow protection to protect the PWS. <sup>1</sup>	
<i>Existing</i> service connections evaluated for cross-connection hazards to PWS.	
<i>Existing</i> service connections requiring backflow protection to protect the PWS. <sup>1,2</sup>	
Exceptions granted to high-hazard premises per WAC 246-290-490(4)(b). <sup>3</sup>	
CCC enforcement actions taken by PWS. <sup>4</sup>	

<sup>1</sup> Include services where either premises isolation or in-premises preventers were required to protect the PWS.

<sup>2</sup> Include existing services that need new, additional, or higher-level backflow prevention.

<sup>3</sup> Submit a completed DOH Exception to High-Health Hazard Premises Isolation Requirements Form (green) for each exception granted during the year.

<sup>4</sup> “Enforcement actions” mean actions taken by the PWS (such as water shut-off, PWS installation of backflow preventer, etc.) when the customer fails to comply with PWS’s CCC requirements.

**Part 5: Backflow Incidents, Risk Factors, and Indicators During Report Year:**

Complete only one column for each row. Check “Data Not Available” if PWS doesn’t track such data.

Backflow Incidents, Risk Factors, and Indicators		Number (Enter 0 if none)	Check if Data Not Available
<b>Backflow Incidents</b>			
1	Backflow incidents that contaminated the PWS. <sup>5</sup>		<input type="checkbox"/>
2	Backflow incidents that contaminated the customer’s drinking water system only. <sup>5</sup>		<input type="checkbox"/>
<b>Risk Factors for Backflow</b>			
3	Distribution main breaks per 100 miles of pipe.		<input type="checkbox"/>
4	Low-pressure events (<20 psi in PWS distribution system).		<input type="checkbox"/>
5	Water outage events.		<input type="checkbox"/>
<b>Indicators of Possible Backflow</b>			
6	Total health-related complaints received by PWS. <sup>6</sup>		<input type="checkbox"/>
7	Received during BWA or PN events. <sup>7</sup>		<input type="checkbox"/>
8	Received during low pressure or water outage events.		<input type="checkbox"/>
9	Total aesthetic complaints (color, taste, odor, air in lines, etc.).		<input type="checkbox"/>
10	Received during BWA or PN events. <sup>7</sup>		<input type="checkbox"/>
11	Received during low pressure or water outage events.		<input type="checkbox"/>

<sup>5</sup> Purveyors must submit a completed DOH Backflow Incident Report form for each backflow incident known to contaminate the public water system. DOH is also interested in receiving information on backflow incidents that contaminated the customer’s drinking water system only. The DOH Incident Report form, Form #331-243, is available on the Office of Drinking Water (ODW) website at <http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-457-F.pdf> or from ODW on request.

<sup>6</sup> Such as stomachache, headache, vomiting, diarrhea, skin rashes, etc.

<sup>7</sup> “BWA” means *Boil Water Advisory* and “PN” means *Public Notification* for water quality reasons.

**Part 6: Comments and Clarifications**

Enter comments or clarifications to any of the information included in this report. *Please date the comment.*

Part No.	Comment	Date

**Part 7: Report Completion Information**

Enter dates in MM/DD/YYYY format.

<b>I certify that the information provided in this CCC Activities Report is complete and accurate to the best of my knowledge.</b>		
CCC Program Mgr. Name (print) <sup>1</sup> :	Title:	
Signature:	Date:	
Phone: (____) ____ - ____	E-mail: _____@_____	
<b>I have reviewed this report and certify that the information provided is complete and accurate to the best of my knowledge.</b>		
PWS Mgr./Owner Name (print) <sup>2</sup> :	Title:	
Signature:	Op. Cert. No.:	Date:

<sup>1</sup> CCC Program Manager is generally the CCS responsible for developing and implementing the PWS’s CCC Program.

<sup>2</sup> The person that the CCC Program Manager reports to or other manager having direct responsibility and/or oversight of the CCC program. This person doesn’t need to be in charge of the entire water system.

If you have a question or comment regarding this form, you can find contact information at <https://www.doh.wa.gov/communityandenvironment/drinkingwater> or email us at [CCCprogram@doh.wa.gov](mailto:CCCprogram@doh.wa.gov).

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