**Describe the PWS’s CCC Program plan, policies, or procedures at the end of the reporting year \_\_\_\_\_.**

##### Part 1: Public Water System (PWS) Identification

|  |  |  |
| --- | --- | --- |
| PWS ID:       | PWS Name:       | County:       |

##### Part 2: Cross-Connection Control (CCC) Program Characteristics

# Type of Program Currently Implemented

|  |  |
| --- | --- |
| Type of Program | Check One |
| Premises isolation only. | [ ]  |
| Combination program: reliance on both premises isolation and in-premises protection. | [ ]  |
| In transition from a combination program to a premises isolation-only program. | [ ]  |

1. **Coordination with Authority Having Jurisdiction (AHJ) on Cross-Connection Issues**

Indicate the status of coordination with AHJs in your service area. The AHJ is the entity that enforces the Uniform Plumbing Code. ***Check one box in each of last three columns for each AHJ in your service area.***

|  |  |  |  |
| --- | --- | --- | --- |
| **AHJ No.** | Name of AHJ(e.g., the City or County Building Department) | **PWS currently:** | **If Not Coordinating, did AHJ Decline to Coordinate?** |
| **Coordinates with AHJ** | **Has Written Agreement with AHJ** |
| 1 |       | Y [ ]  N [ ]  | Y [ ]  N [ ]  | Y [ ]  N [ ]  |
| 2 |       | Y [ ]  N [ ]  | Y [ ]  N [ ]  | Y [ ]  N [ ]  |
| 3 |       | Y [ ]  N [ ]  | Y [ ]  N [ ]  | Y [ ]  N [ ]  |
| 4 |       | Y [ ]  N [ ]  | Y [ ]  N [ ]  | Y [ ]  N [ ]  |
| 5 |       | Y [ ]  N [ ]  | Y [ ]  N [ ]  | Y [ ]  N [ ]  |

1 If more than 5 AHJs, attach separate sheet providing the above information.

1. Corrective or Enforcement Actions Available to the Purveyor

|  |  |  |
| --- | --- | --- |
| Type of Corrective Action | **Indicate Whether Available** | **Most Often Used (check one)** |
| Denial or discontinuance of water service. | Y [ ]  N [ ]  | [ ]  |
| Purveyor installs backflow preventer and bills customer. | Y [ ]  N [ ]  | [ ]  |
| Assessment of fines (in addition to elimination or control of cross connection). | Y [ ]  N [ ]  | [ ]  |
| Other corrective actions (describe):       | Y [ ]  N [ ]  | [ ]  |
|       | Y [ ]  N [ ]  | [ ]  |

#### CCC Program Responsibilities

*Do not* include enforcement action-related procedures or circumstances.

|  |  |
| --- | --- |
| CCC Program Activity | Responsible Party (Check one per row) |
| Customer | Purveyor |
| Hazard Evaluation by DOH-certified CCS | [ ]  | [ ]  |
| Backflow preventer (BP) ownership | [ ]  | [ ]  |
| BP installation | [ ]  | [ ]  |
| BP ***initial*** inspection (for proper installation – all BPs) | [ ]  | [ ]  |
| BP ***initial***test (for testable assemblies) | [ ]  | [ ]  |
| BP ***annual*** inspection (Air Gaps and AVBs) | [ ]  | [ ]  |
| BP ***annual*** test (for testable assemblies) | [ ]  | [ ]  |
| BP maintenance and repair | [ ]  | [ ]  |

1. **Backflow Protection for Fire Protection Systems**

***Please remember to enter number of days allowed if you require retrofitting.***

|  |  |
| --- | --- |
| PWS coordinates with ***AHJ*** on CCC issues for fire protection systems (FPS). | Y [ ]  N [ ]  N/A [ ]  |
| PWS coordinates with ***local Fire Marshal*** on CCC issues for FPS. | Y [ ]  N [ ]  N/A [ ]  |
| PWS ensures backflow prevention is installed before serving ***new*** connections with FPS. | Y [ ]  N [ ]   |
| PWS requires retrofits to ***high***-hazard FPS. | Y [ ]  (No. of days allowed: \_\_\_\_\_) N [ ]  N/A [ ]  |
| PWS requires retrofits to ***low***-hazard FPS. | Y [ ]  (No. of days allowed: \_\_\_\_\_) N [ ]  N/A [ ]  |

1. **Backflow Protection for Irrigation Systems**

|  |  |
| --- | --- |
| ***Minimum*** level of backflow prevention required on irrigation systems ***without*** chemical addition. | Not Addressed [ ]  AVB [ ]  PV/SVBA [ ]  DCVA [ ]  RPBA [ ]  |
| PWS currently inspects AVBs upon ***initial*** installation. | Y [ ]  N [ ]  N/A [ ]  |
| PWS currently inspects AVBs upon repair, reinstallation, or relocation. | Y [ ]  N [ ]  N/A [ ]  |

1. **Used Water**

|  |  |
| --- | --- |
| PWS prohibits, by ordinance, rule, policy, or agreement, the intentional return of used water (e.g., for heating or cooling) into the distribution system.  | Y [ ]  N [ ]  |
| If not prohibited at present, date plan to prohibit. | Date (mm/dd/yyyy):       N/A [ ]  |
| Current number of service connections returning used water to distribution system. |     |

1. **Backflow Protection for Unapproved Auxiliary Water Supplies1 NOT Interconnected with PWS**

Show the **minimum** backflow preventer and type of protection required for service connections with unapproved auxiliary water supplies *NOT interconnected with the PWS.* Check only one box per row.

|  |  |
| --- | --- |
| ***Existing*** service connections. | None [ ]  DCVA [ ]  RPBA [ ]  AG [ ]  |
| Type of protection required. | None [ ]  In-premises protection [ ]  Premises isolation [ ]  |
| ***New*** service connections. | None [ ]  DCVA [ ]  RPBA [ ]  AG [ ]  |
| Type of protection required. | None [ ]  In-premises protection [ ]  Premises isolation [ ]  |

1 An auxiliary water supply is any water supply on or available to the customer’s premises in addition to the purveyor’s potable water supply.

1. **Backflow Protection for Tanker Trucks and Temporary Water Connections**

|  |  |
| --- | --- |
| ***Minimum*** level of backflow protection (installed on or associated with the truck) required for tanker trucks taking water from PWS.  | AG [ ]  DCVA [ ]  RPBA [ ] Not specified [ ]  Tanker trucks not allowed [ ]  |
| PWS requires tanker trucks to obtain water at designated filling sites each equipped with permanently installed backflow preventer(s). | Y [ ]  (Min. site protection: DCVA [ ]  RPBA [ ] )N [ ]  N/A [ ]  No sites provided [ ]  |
| PWS currently accepts tanker trucks approved by other PWSs without further inspection or testing. | Y [ ]  N [ ]  N/A [ ]  |
| ***Minimum*** level of backflow protection required for temporary water connections (e.g., for construction sites).  | AG [ ]  DCVA [ ]  RPBA [ ] Not specified [ ]  Temp. connections not allowed [ ]  |
| PWS requires testing each time the temporary connection backflow preventer is relocated. | Y [ ]  N [ ]  N/A [ ]  (Temp. connections not allowed) |
| PWS provides approved backflow preventer for temporary connections. | Y [ ]  N [ ]  N/A [ ]  (Temp. connections not allowed) |

1. **Backflow Protection for Non-Residential Connections**

For each category shown, indicate whether PWS has non-residential connections of that type and the **minimum** level of ***premises isolation*** backflow protection required (whether or not PWS currently has that type of customer).

|  |  |  |
| --- | --- | --- |
| Type of Connection | **PWS has Customers of This Type** | **Minimum Premises Isolation** **Backflow Protection Required** |
| Commercial | Y [ ]  N [ ]  | Not required [ ]  DCVA [ ]  RPBA [ ]   |
| Industrial | Y [ ]  N [ ]  | Not required [ ]  DCVA [ ]  RPBA [ ]   |
| Institutional | Y [ ]  N [ ]  | Not required [ ]  DCVA [ ]  RPBA [ ]   |
| Other (specify): \_\_\_\_\_\_\_\_\_\_ | Y [ ]  N [ ]  | Not required [ ]  DCVA [ ]  RPBA [ ]   |
| Other (specify): \_\_\_\_\_\_\_\_\_\_ | Y [ ]  N [ ]  | Not required [ ]  DCVA [ ]  RPBA [ ]   |

1. **Backflow Protection for Wholesale Customers**

Indicate whether the PWS requires backflow protection at interties with wholesale customers (other PWSs).

|  |  |  |
| --- | --- | --- |
| **Type of Intertie** | **PWS has (plans to have) Customers of This Type** | **Backflow Protection Required**(If protection is required, indicate minimum level) |
| Existing  | Y [ ]  N [ ]  | Not specified/not required [ ]  Always required [ ] Required only if purchaser’s CCC program is inadequate [ ] Minimum required (if applicable): DCVA [ ]  RPBA [ ]  |
| New  | Y [ ]  N [ ]  | Not specified/not required [ ]  Always required [ ] Required only if purchaser’s CCC program is inadequate [ ] Minimum required (if applicable): DCVA [ ]  RPBA [ ]  |

1. Exceptions to Mandatory Premises Isolation

|  |  |
| --- | --- |
| PWS’s written CCC Program Plan *allows* system to grant Exceptions to mandatory premises isolation per WAC 246-290-490(4)(b)(iii). | Yes [ ]  No [ ]  Doesn’t Address [ ]  |
| PWS currently grants **new** Exceptions.  | Yes [ ]  No [ ]  |
| PWS granted Exceptions in previous reporting years. | Yes [ ]  No [ ]  |

**Part 3: CCC Program Record-Keeping and Inventory**

Indicate the type or name of the computer software used by the PWS to track CCC records.

|  |  |  |  |
| --- | --- | --- | --- |
| Cross-Track (BMI) [ ] [ ] [ ] [ ]  | BPMS [ ] [ ] [ ]  | XC2 (Engsoft) [ ] [ ] [ ]   | Tokay [ ] [ ] [ ]  |
| Other commercial CCC software [ ] [ ] [ ]  (specify): \_\_\_\_\_\_\_\_\_\_\_\_ | Custom developed for or by PWS1 [ ] [ ]  [ ]  |
| 1Other non-CCC software (e.g., Excel) [ ] [ ] [ ]  [ ] [ ]   | None Used [ ] [ ]  [ ]  |

1 Do not include commercial CCC software customized for PWS. If PWS uses customized commercial software, check the box for the appropriate commercial software name.

##### Part 4: Comments and Clarifications

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

|  |  |  |
| --- | --- | --- |
| **Part No.** | Comment | Date |
|       |       |       |
|       |       |       |
|       |       |       |

##### Part 5: CCC Program Summary Completion Information

Enter dates in MM/DD/YYYY format.

|  |
| --- |
| **I certify that the information provided in this CCC Program Summary is complete and accurate to the best of my knowledge.** |
| CCC Program Mgr. Name (Print)2:       | Title:       |
| Signature: | Date:       |
| Phone: (\_\_\_) \_\_\_-\_\_\_\_ | E-mail: \_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **I certify that the information provided in this report accurately represents the status and description of this water system’s CCC Program.** |
| PWS Mgr./Owner Name (Print)3:       | Title:       |
| Signature: | Op. Cert No:       | Date:       |

2 The CCC Program Manager is generally the CCS responsible for developing and implementing the PWS’s CCC program.

3 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.

If you need this publication in an alternate format, call (800) 525-0127. For TTY/TDD, call (800) 833-6388.