



Cross-Connection Control Program Annual Summary Report

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

A. Type of Program Currently Implemented

| Type of Program | Check One |
|--------------------------------------------------------------------------------------|--------------------------|
| Premises isolation only. | <input type="checkbox"/> |
| Combination program: reliance on both premises isolation and in-premises protection. | <input type="checkbox"/> |
| In transition from a combination program to a premises isolation-only program. | <input type="checkbox"/> |

B. 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 <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| 2 | | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| 3 | | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| 4 | | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| 5 | | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |

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

C. 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 <input type="checkbox"/> N <input type="checkbox"/> | <input type="checkbox"/> |
| Purveyor installs backflow preventer and bills customer. | Y <input type="checkbox"/> N <input type="checkbox"/> | <input type="checkbox"/> |
| Assessment of fines (in addition to elimination or control of cross connection). | Y <input type="checkbox"/> N <input type="checkbox"/> | <input type="checkbox"/> |
| Other corrective actions (describe): | Y <input type="checkbox"/> N <input type="checkbox"/> | <input type="checkbox"/> |
| | Y <input type="checkbox"/> N <input type="checkbox"/> | <input type="checkbox"/> |

D. 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| Backflow preventer (BP) ownership | <input type="checkbox"/> | <input type="checkbox"/> |
| BP installation | <input type="checkbox"/> | <input type="checkbox"/> |
| BP <i>initial</i> inspection (for proper installation – all BPs) | <input type="checkbox"/> | <input type="checkbox"/> |
| BP <i>initial</i> test (for testable assemblies) | <input type="checkbox"/> | <input type="checkbox"/> |
| BP <i>annual</i> inspection (Air Gaps and AVBs) | <input type="checkbox"/> | <input type="checkbox"/> |
| BP <i>annual</i> test (for testable assemblies) | <input type="checkbox"/> | <input type="checkbox"/> |
| BP maintenance and repair | <input type="checkbox"/> | <input type="checkbox"/> |

E. 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 <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
| PWS coordinates with local Fire Marshal on CCC issues for FPS. | Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
| PWS ensures backflow prevention is installed before serving new connections with FPS. | Y <input type="checkbox"/> | N <input type="checkbox"/> | |
| PWS requires retrofits to high -hazard FPS. | Y <input type="checkbox"/> (No. of days allowed: _____) | N <input type="checkbox"/> | N/A <input type="checkbox"/> |
| PWS requires retrofits to low -hazard FPS. | Y <input type="checkbox"/> (No. of days allowed: _____) | N <input type="checkbox"/> | N/A <input type="checkbox"/> |

F. Backflow Protection for Irrigation Systems

| | | | | | |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------|----------------------------------|-------------------------------|-------------------------------|
| Minimum level of backflow prevention required on irrigation systems without chemical addition. | Not Addressed <input type="checkbox"/> | AVB <input type="checkbox"/> | PV/SVBA <input type="checkbox"/> | DCVA <input type="checkbox"/> | RPBA <input type="checkbox"/> |
| PWS currently inspects AVBs upon initial installation. | Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> | | |
| PWS currently inspects AVBs upon repair, reinstallation, or relocation. | Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> | | |

G. 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 <input type="checkbox"/> | N <input type="checkbox"/> |
| If not prohibited at present, date plan to prohibit. | Date (mm/dd/yyyy): | N/A <input type="checkbox"/> |
| Current number of service connections returning used water to distribution system. | | |

H. 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 <input type="checkbox"/> | DCVA <input type="checkbox"/> | RPBA <input type="checkbox"/> | AG <input type="checkbox"/> |
| Type of protection required. | None <input type="checkbox"/> | In-premises protection <input type="checkbox"/> | Premises isolation <input type="checkbox"/> | |
| New service connections. | None <input type="checkbox"/> | DCVA <input type="checkbox"/> | RPBA <input type="checkbox"/> | AG <input type="checkbox"/> |
| Type of protection required. | None <input type="checkbox"/> | In-premises protection <input type="checkbox"/> | Premises isolation <input type="checkbox"/> | |

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.

I. Backflow Protection for Tanker Trucks and Temporary Water Connections

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

J. 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 <input type="checkbox"/> N <input type="checkbox"/> | Not required <input type="checkbox"/> DCVA <input type="checkbox"/> RPBA <input type="checkbox"/> |
| Industrial | Y <input type="checkbox"/> N <input type="checkbox"/> | Not required <input type="checkbox"/> DCVA <input type="checkbox"/> RPBA <input type="checkbox"/> |
| Institutional | Y <input type="checkbox"/> N <input type="checkbox"/> | Not required <input type="checkbox"/> DCVA <input type="checkbox"/> RPBA <input type="checkbox"/> |
| Other (specify): _____ | Y <input type="checkbox"/> N <input type="checkbox"/> | Not required <input type="checkbox"/> DCVA <input type="checkbox"/> RPBA <input type="checkbox"/> |
| Other (specify): _____ | Y <input type="checkbox"/> N <input type="checkbox"/> | Not required <input type="checkbox"/> DCVA <input type="checkbox"/> RPBA <input type="checkbox"/> |

K. 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 <input type="checkbox"/> N <input type="checkbox"/> | Not specified/not required <input type="checkbox"/> Always required <input type="checkbox"/> |
| | | Required only if purchaser's CCC program is inadequate <input type="checkbox"/> |
| | | Minimum required (if applicable): DCVA <input type="checkbox"/> RPBA <input type="checkbox"/> |
| New | Y <input type="checkbox"/> N <input type="checkbox"/> | Not specified/not required <input type="checkbox"/> Always required <input type="checkbox"/> |
| | | Required only if purchaser's CCC program is inadequate <input type="checkbox"/> |
| | | Minimum required (if applicable): DCVA <input type="checkbox"/> RPBA <input type="checkbox"/> |

L. Exceptions to Mandatory Premises Isolation

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| PWS's written CCC Program Plan <i>allows</i> system to grant Exceptions to mandatory premises isolation per WAC 246-290-490(4)(b)(iii). | Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Address <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

| | | |
|-----------------------------------------------------|------------------------------|-----------------------------|
| PWS currently grants new Exceptions. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| PWS granted Exceptions in previous reporting years. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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) <input type="checkbox"/> | BPMS <input type="checkbox"/> | XC2 (Engsoft) <input type="checkbox"/> | Tokay <input type="checkbox"/> |
| Other commercial CCC software <input type="checkbox"/> (specify): | | Custom developed for or by PWS ¹ <input type="checkbox"/> | |
| ¹ Other non-CCC software (e.g., Excel) <input type="checkbox"/> | | None Used <input type="checkbox"/> | |

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.