

SMALL COMMUNITY WATER SYSTEM (200 and fewer connections) CROSS-CONNECTION CONTROL (CCC) PLAN

To comply with section 3.1.4 of the Cross-Connection Control Policy Handbook (CCCPH), each public water system (PWS) must submit a written Cross-Connection Control (CCC) Plan to the State Water Board for review. This template is provided as a resource for community water systems with 200 or fewer service connections. A PWS may choose to use this template or create its own plan. Please note that completing and submitting this form to the State Water Board does not guarantee that the State Water Board will approve the submitted plan.

Instructions: Complete every blank in this template including answering all yes or no questions and attaching documents. Refer to the [Cross-Connection Control Policy Handbook](#) for definitions and detailed explanations of all CCC program requirements.

Public Water System Information

Public Water System Name:	
Public Water System Number:	
Number of single-family residential service connections:	
Number of multifamily residential service connections (duplex, apartments, etc.):	
Number of commercial service connections:	
Number of industrial service connections:	
Number of agricultural irrigation service connections:	
Number of landscape irrigation service connections:	
Water System Ownership Type (<i>check one</i>):	<input type="checkbox"/> Public <input type="checkbox"/> State or Federal Government <input type="checkbox"/> CPUC regulated <input type="checkbox"/> Mutual Water Co. <input type="checkbox"/> HOA <input type="checkbox"/> Private – Other <input type="checkbox"/> Other, describe:
Add any additional details:	

CCC Legal Authority

All PWSs are required to have the legal authority to implement a CCC program.

Legal Authority Type (<i>check one</i>):	<input type="checkbox"/> Operating rules <input type="checkbox"/> Ordinance <input type="checkbox"/> Board resolution <input type="checkbox"/> Bylaw <input type="checkbox"/> Other – describe:
Date legal authority adopted by PWSs governing body (Board, City, County, etc.):	

Attach a copy of the document which provides CCC enforcement authority (ordinance, bylaws, operating rules, etc).	
At what location(s) is backflow protection required? <i>(check all that apply)</i>	<input type="checkbox"/> At the meter / service connection only <input type="checkbox"/> Internal <input type="checkbox"/> Both
List the corrective actions the PWS will implement in the event a water user fails to comply with the provisions of the PWSs cross-connection control program. <i>(select all that apply)</i>	<input type="checkbox"/> Noticing letter <input type="checkbox"/> Threaten to shutoff letter <input type="checkbox"/> Fines <input type="checkbox"/> Shut off water <input type="checkbox"/> Other – describe below.
Describe other corrective action methods:	

Cross-Connection Control Coordinator Contact Information

In house employee or contractor?	<input type="checkbox"/> In house <input type="checkbox"/> Contractor <input type="checkbox"/> Other
Name:	
Phone number:	
Email:	
Address:	
Coordinator qualifications (experience, training, and/or certifications):	

Hazard Assessments

<p>The cross-connection control specialist who will review and/or conduct our initial hazard assessments is certified by _____ <i>(ANSI certified/DDW recognized organization)</i> and certification number _____ Expiration Date _____</p> <p><i>Note: certified cross-connection control specialist must meet the requirements of CCCPH ---</i></p>
<p>Describe your hazard assessment procedures: <i>(Check all that apply)</i></p> <p><input type="checkbox"/> In person site survey <input type="checkbox"/> Questionnaire completed by customer <input type="checkbox"/> Phone/email <input type="checkbox"/> Use of mapping software <input type="checkbox"/> File Review <input type="checkbox"/> Plan Check <input type="checkbox"/> Other methods:</p>
Describe the certified cross-connection control specialist’s role:
We will conduct initial hazard assessments of the user premises within its service area no later than:

We will conduct ongoing hazard assessments of each service connection at least every _____ years after the initial hazard assessment is complete.
We will incorporate the recommendations of each hazard assessment no later than _____ days after the initial hazard assessment is complete.
Describe additional details about your PWSs hazard assessment procedure.
Is auxiliary water used in our service area? (for example, recycled water, raw surface water, private wells, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", describe auxiliary water supplies:

(Attach a copy of an existing completed hazard assessment report for evaluation)

Backflow Preventer Inventory and Testing Procedures

Does your PWS have backflow prevention assemblies installed?	<input type="checkbox"/> YES – How many? _____ <input type="checkbox"/> NO
<i>If "yes", attach a listing of your current inventory. See example list in Attachment 1.</i>	
Does your PWS have any backflow prevention assemblies that are buried (or below grade)?	<input type="checkbox"/> YES – How many? _____ <input type="checkbox"/> NO
Does your service area experience freezing conditions during the winter?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your PWS have non-testable backflow preventers at PWS facilities?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If "yes", attach a listing of your current inventory. See example list in Attachment 2.</i>	
Required backflow prevention assembly maintenance, repair, or replacement will happen within _____ days after identification.	
If the same testers are used regularly, provide the name(s) and certification(s) of the testers used at the PWS:	
I certify that all individuals who test backflow prevention assemblies are certified by an ANSI accredited or DDW recognized organization.	<input type="checkbox"/> YES <input type="checkbox"/> Not Applicable
I certify that our testers' field test kit is accurate and recently verified.	<input type="checkbox"/> YES <input type="checkbox"/> Not Applicable
I certify that testers provide the PWS with copies of the backflow prevention assembly test results.	<input type="checkbox"/> YES <input type="checkbox"/> Not Applicable

What notification methods do you use to inform customers that their BPA test is due? <i>(check all that apply)</i>	<input type="checkbox"/> Letter <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other – describe:
Describe your PWSs procedure for ensuring all backflow prevention assemblies and air gap installations are tested at least annually:	
What penalties exist for unresponsive customers that do not test BPAs? <i>(check all that apply)</i>	<input type="checkbox"/> Fines Fine amounts are: \$ _____ to _____ <input type="checkbox"/> Water shutoffs <input type="checkbox"/> Other – describe:
What penalties exist (Ordinances or Rules of Service) for failed, tampered, and missing BPAs? <i>(check all that apply)</i>	<input type="checkbox"/> Fines Fine amounts are: \$ _____ to _____ <input type="checkbox"/> Water shutoffs <input type="checkbox"/> Other – describe:
Non-testable backflow preventers at PWS facilities are installed and maintained in accordance with the California Plumbing Code. The following is our process and timeframe for verifying this:	
Describe additional details about BPA testing and inventory:	

Backflow Incident Response, Notification, and Reporting

In the event of a suspected or known backflow incident, I certify that our PWS system will:

Respond and investigate all suspected backflow incidents by responding to and documenting complaints, conducting water quality sampling, and checking pressure.	<input type="checkbox"/> YES
Notify regulatory agency within 24 hours of discovering a known or suspected backflow event	<input type="checkbox"/> YES
Regulatory Authority Contact Information (Name of Agency, Phone No. and E-mail)	
If directed by the regulatory agency, notify customers with appropriate public notification within 24 hours.	<input type="checkbox"/> YES
Complete a Backflow Incident Report at the request of the regulatory agency.	<input type="checkbox"/> YES
Include the name(s) of personnel who respond to water quality complaints and suspected backflow incidents:	

Public Outreach and Local Entity Coordination

<p>What method(s) are used to educate your customers, staff, and community about backflow protection and cross-connection control: <i>(select all that apply)</i></p> <p><input type="checkbox"/> Periodic water bill inserts <input type="checkbox"/> Pamphlet distribution <input type="checkbox"/> New customer documentation</p> <p><input type="checkbox"/> Customer Emails <input type="checkbox"/> Consumer Confidence Reports <input type="checkbox"/> Public Events <input type="checkbox"/> Website</p> <p><input type="checkbox"/> Other:</p>
<p>Include additional details about public outreach:</p>
<p>Describe coordination with the local entities about your PWSs CCC program. <i>For example: local fire, local building official, local environmental health, plumbers, etc.</i></p>

Record Keeping

<p>CCC program documents, including backflow prevention assembly test reports, hazard assessments, contracts, and our inventory of all backflow preventers are stored using the following method(s):</p> <table style="width: 100%; text-align: center;"> <tr> <td>DIGITAL</td> <td>HARD COPY</td> <td>BOTH</td> <td>OTHER</td> </tr> </table>	DIGITAL	HARD COPY	BOTH	OTHER
DIGITAL	HARD COPY	BOTH	OTHER	
<p>Our PWS stores all records in accordance with section 3.5.1 of the CCCPH, which includes public outreach materials, and backflow prevention assembly testing, repair, inspection, and maintenance records for at least three years. YES</p>				
<p>Describe any additional details:</p>				

Recycled Water/User Supervisor Requirements (OPTIONAL)

Only complete this section if your PWS service area includes the use of recycled water and/or the drinking water regulatory agency has required a user supervisor for a multi piping system.

<p>Is recycled water used in your PWSs service area? Yes No</p>		
<p>Has the State Water Board required a user supervisor for a multi piping system in your PWS service: Yes No</p>		
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>If “yes” to either question above, provide an attachment that lists the frequency that your PWS contacts each user site supervisor, and the following information about each user site supervisor:</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Name: Email: Phone number: Qualifications / training required: Date of most recent training: Frequency of recurring trainings:</p> </td> </tr> </table>	<p>If “yes” to either question above, provide an attachment that lists the frequency that your PWS contacts each user site supervisor, and the following information about each user site supervisor:</p>	<p>Name: Email: Phone number: Qualifications / training required: Date of most recent training: Frequency of recurring trainings:</p>
<p>If “yes” to either question above, provide an attachment that lists the frequency that your PWS contacts each user site supervisor, and the following information about each user site supervisor:</p>	<p>Name: Email: Phone number: Qualifications / training required: Date of most recent training: Frequency of recurring trainings:</p>	

Certification

I certify that the information submitted in this Cross-Connection Control Plan is accurate and we will comply with the Cross-Connection Control Policy Handbook (effective date July 1, 2024). Our public water system will ensure its Cross-Connection Control Plan is at all time representative of the current operation of its Cross-Connection Control Program.

Attached are copies of our hazard assessment, backflow prevention assembly and backflow preventer inventories, and our Cross-Connection Control enforcement authority.

Name: _____ Role: _____

Signature: _____ Date: _____

DDW / LPA Review:

The public water system has demonstrated compliance with the Cross-Connection Control Plan requirements of the CCCPH.

Name: _____ Title: _____

Signature: _____ Date: _____

ATTACHMENT 1: BACKFLOW PREVENTION ASSEMBLY INVENTORY

Inventory of Backflow Prevention Assemblies					
Location (<i>clearly describe address and specific location</i>)	Assembly Type (RP, DC, AG, PVB, etc.)	Assembly Size	Manufacturer name, model, and Serial Number	Installation: (horizontal, vertical, above/below grade)	Identified Potential Onsite Hazard

RP: Reduced pressure principle backflow prevention assembly
 DC: Double check valve backflow prevention assembly
 AG: Air Gap
 PVB: Pressure Vacuum Breaker backflow prevention assembly

ATTACHMENT 2: NON TESTABLE BACKFLOW PREVENTER INVENTORY

Inventory of Non-Testable Backflow Preventers		
Location	Type (single check, dual check, hose bib vacuum breaker, etc)	Identified Potential Onsite Hazard