

## NONTRANSIENT NONCOMMUNITY (NTNC) WATER SYSTEM 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. A PWS may choose to use this CCC Plan form 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, answer all yes or no questions, and attach the requested documents. Refer to the [CCCPH](#) for definitions and detailed explanations of the CCC program requirements.*

### PWS Information

PWS Name:	
PWS Number:	
Facility Type:	
Facility Address:	
Number of Buildings Served:	
Number of Buildings with Fire Sprinklers:	
Does the water system have customers who purchase water?	YES, number of customers: _____ NO
Our PWS has ownership of all buildings served by the PWS.      YES      NO If "no", attach a copy of the operating rule(s), ordinance(s), bylaws, resolution(s), or other document(s) which authorize the PWS to enforce CCC program requirements.	

### CCC Program Coordinator Contact Information

Employee or Contractor?	
Name:	
Phone Number:	
Email:	
Address:	
CCC Certifications:	

### Initial Hazard Assessments <sup>①</sup>

*Note: noncommunity hazard assessments must be completed prior to July 1, 2026*

Date or proposed date of initial hazard assessment: <i>(if completed, attach a copy of the report)</i>	
Name and certifications of who reviewed or conducted the hazard assessment:	

Did you comply with all the recommendations from the hazard assessment?	YES	NO	UNKNOWN
If you answered “no” to the question above, please explain why.			
Are all known hazards protected with appropriate backflow prevention within your service area?	YES	NO	UNKNOWN
Date of the next planned hazard assessment:			
Did the hazard assessment find any auxiliary water supplies? (if yes, use dropdown list to identify types)	YES	NO	
<b>RECYCLED WATER</b> <i>(if your PWS does not use any recycled water, skip the following questions)</i>			
Provide the following information about the recycled water user site supervisor: Name: Email: Phone number: Qualifications / training Received: Date of most recent training: Frequency of recurring trainings:			
How often does the public water system contact the user site supervisor:			

### Backflow Preventer Inventory and Testing Procedures <sup>①</sup>

Our PWS has backflow prevention assemblies installed.      YES      NO

*If “yes”, attach a list of your current inventory. See example list in Attachment 1.*

Required backflow prevention assembly maintenance, repair, or replacement will happen within _____ days after identification <sup>①</sup> .	
All backflow prevention assemblies are tested _____ time(s) each year.	
<i>Only certified backflow prevention assembly testers can test backflow prevention assemblies.</i> If applicable, provide the name(s) and certification(s) of the certified testers used at the PWS <sup>①</sup> .	
I certify that our testers’ field test kit is accurate and recently verified.	YES      Not Applicable
I certify that testers provide the PWS with copies of the backflow prevention assembly test results.	YES      Not Applicable

The PWS has non-testable backflow preventers used for internal protection (for example single or dual check valves)?	YES	NO	
	<i>If yes, complete Attachment 2 – Inventory of non-testable backflow preventers.</i>		
If “yes”, were the non-testable backflow preventers installed and maintained in accordance with the CA Plumbing Code?	YES	NO	Unknown
If “no” or “unknown”, by what date will all non-testable backflow preventers meet CA Plumbing Code requirements?			

### **Backflow Incident Response, Notification, and Reporting**<sup>①</sup>

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.	YES
Notify the regulatory agency (DDW or County) within 24 hours of discovering a known or suspected backflow event.	YES
If directed by the regulatory agency, notify customers with appropriate public notification within 24 hours.	YES
Complete a Backflow Incident Report at the request of the regulatory agency (DDW or County).	YES

### **Public Outreach and Local Entity Coordination**<sup>①</sup>

Describe how your PWS coordinates with those that conduct plumbing work about backflow protection and CCC: \_\_\_\_\_

Our PWS educates customers that may present a cross connection hazard. *For example, temporary visitors using RV Park hookups.* YES Not Applicable

If “yes”, please describe how this education is provided:

Describe procedure for coordination regarding the CCC program with local entities. *For example: local fire, local building official, etc.*

### Record Keeping<sup>①</sup>

CCC program documents, including backflow prevention assembly test reports, hazard assessments, contracts, and our inventory (including location and type) of all backflow preventers are stored using the following method(s):

DIGITAL      HARD COPY      BOTH      OTHER \_\_\_\_\_

Our PWS stores all backflow prevention assembly testing, repair, inspection, and maintenance records for at least three years.      YES

### Certification

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

Attached are copies of our backflow preventor inventories, our CCC enforcement authority, and hazard assessments (if completed).

Name:      Role:

Signature:      Date:

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### DDW / LPA Review:

The water system has demonstrated compliance with the CCC Plan requirements of the CCCPH.

Name:      Title:

Signature:      Date:

### ATTACHMENT 1: BACKFLOW PREVENTION ASSEMBLY INVENTORY

Inventory of Backflow Prevention Assemblies					
Location	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