



Department of Environmental Protection

DEVAL L. PATRICK
Governor

MAEVE VALLELY BARTLETT
Secretary

DAVID W. CASH
Commissioner

CROSS-CONNECTION CONTROL PROGRAM PLAN QUESTIONNAIRE FOR NON-COMMUNITY PUBLIC WATER SYSTEMS (TRANSIENT & NON-TRANSIENT – TNC & NTNC)

I. PUBLIC WATER SYSTEM RESPONSIBILITIES

Pursuant to 310 CMR 22.22 *Cross Connections Distribution System Protection*, every public water system shall:

- 1) Be responsible for the quality of water delivered to its consumers to the last free flowing outlet and for the safety of the public water system under its jurisdiction; and
- 2) Have a Cross-connection Control Program (CCCP) plan that is approved by the Massachusetts Department of Environmental Protection (MassDEP).

Our records indicate that your public water system does not have a Cross-connection Control Program plan approved by MassDEP. This document once completed for your public water system and approved by MassDEP, may become your Cross-connection Control Program Plan. Please take the time to answer all the questions to the best of your ability.

Your public water system will be in noncompliance of 310 CMR 22.22 if you fail to submit to MassDEP for its approval of your Cross-connection Control Program plan. Your public water system may also be subject to enforcement, including, but not limited to the assessment of civil administrative penalties by MassDEP. A civil administrative penalty may be assessed by MassDEP for every day that the public water system is in noncompliance with its Cross-connection Control Program responsibilities.

II. PUBLIC WATER SYSTEM INFORMATION

PWS ID#:	____/____/____/____/____/____/____/____	City/Town	_____
PWS Name:	_____		
Class:	<input type="checkbox"/> Non-Transient Non-Community (NTNC)	<input type="checkbox"/> Transient Non-Community (TNC)	
Type of use:	<input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial	<input type="checkbox"/> Institutional
	<input type="checkbox"/> Water Vending Machine	<input type="checkbox"/> Other	_____
Facility Address	_____	_____	MA _____ Street City State Zip
Mailing Address	_____	_____	_____ _____ Street City State Zip
PWS Official:	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. _____	(____) _____	- _____
	Name		
Certified Operator:	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. _____	(____) _____	- _____
	Name		
Grade(s):	_____	Certificate ID#:	_____

III. CCCP PLAN QUESTIONNAIRE

<p>1. Has your public water system ever been surveyed for cross-connection? <i>A cross-connection survey is the inspection of the drinking water lines to identify cross-connections. A cross-connection is a connection between a drinking water pipe and any equipment or pipe carrying non-potable liquids (i.e. chemicals, waste water) or gases. Cross-connection can be found in the following locations: boilers, lawn irrigation system, swimming pool, fire protection system, dishwasher, central air conditioning or cooling systems, outside watering taps and garden hoses, etc. The Massachusetts Cross-connection Control Program, 310 CMR 22.22(3)(c), requires that <u>all non-residential</u> facilities shall be surveyed for cross-connections and all cross-connections found must be eliminated or properly protected by an appropriate backflow preventer device or assembly. Please note: all cross-connection surveys must be conducted by a MassDEP Certified Cross-connection Surveyor.</i></p> <p>If YES, go to question #2. If NO, go to question #7.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>2. Was the cross-connection survey conducted by a Massachusetts Certified Cross-connection Surveyor?</p> <p>If YES, provide: date of the survey was conducted, name of surveyor(s), certification number and certification expiration date. <i>(If more than one, use additional sheet.) Attached a copy of the cc survey conducted to this questionnaire.</i></p> <p>_____/_____/____ _____ _____ _____/_____/____ Date of Survey Surveyor's Name (Print) MassDEP Cert. ID# Cert. Expiration Date</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>3. Did the cross-connection survey conducted on your public water system reveal any unprotected cross-connection(s)?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>4. Have you taken the appropriate actions to eliminate or properly protect all cross-connections found?</p> <p>If YES, list the type of backflow prevention devices or assemblies used: (check all that apply) <input type="checkbox"/> AVB <input type="checkbox"/> PVB <input type="checkbox"/> DCVA <input type="checkbox"/> RPBP <input type="checkbox"/> Other _____</p> <p><small>AVB = atmospheric vacuum breaker PVB = pressure vacuum breaker DCVA = double check valve assembly RPBP = reduced pressure backflow preventer</small></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>5. Are the backflow prevention devices tested in accordance with the frequency stated in 310 CMR 22.22(14)(d): RPBP: semi-annually and DCVA: annually? <i>A Massachusetts Certified Backflow Prevention Device Tester shall test all backflow prevention devices.</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>6. If you answered NO to question number five (5), do you plan to have the backflow prevention devices tested within the next twelve (12) months and in accordance with the frequency stated in 310 CMR 22.22(14)(d)?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>7. If the answer to question #1 was NO, do you plan to have your public water system surveyed within the next twelve months? <i>Effective January 1, 1999, a Massachusetts Certified Cross-connection Surveyor shall conduct all cross-connection surveys.</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>8. Does your public water system have a certified cross-connection surveyor on staff to review and approve plans for the installation of backflow prevention devices to protect the cross-connections found? <i>As of January 1, 1999, a Massachusetts Certified Cross-connection Surveyor shall review all design data sheets for the installation of backflow prevention devices.</i></p> <p>If YES, list name, certification ID# and certification expiration date of the cross-connection surveyor. (If more than one use additional sheet.)</p> <p>_____/_____/____ _____ _____/_____/____ Name (Print) MassDEP Certification ID# Expiration Date</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

<p>9. If you answered NO to question #8, does your public water system plan to hire a Massachusetts Certified Cross-connection Surveyor to review and approve plans for the installation of backflow prevention devices on cross-connections found within the next 12 months?</p> <p><i>You may not delegate, or sub-delegate, contract or subcontract this responsibility to any other entity, unless otherwise authorized in writing by the Department. If you plan to delegate, or sub-delegate, contract or subcontract any part of your cross connection control program, use the attached form entitled: REQUEST FOR AUTHORIZATION TO DELEGATE, SUB-DELEGATE, CONTRACT OR SUBCONTRACT CROSS-CONNECTION SURVEYORS RESPONSIBILITIES.. If a public water system chooses to delegate or contract for the review and approval of design data sheets and the plans for the installation of backflow prevention devices for the protection of cross-connections, the requirement for having a Massachusetts certified cross-connection surveyor on staff may be satisfied the delegated or contracted surveyor.</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>10. Do you ensure or plan to ensure that backflow prevention devices are installed according to the approved design data sheet and plans, and tested for proper operation upon completion of the installation? A Massachusetts Certified Backflow Prevention Device Tester shall test all backflow prevention devices.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>11. Do you have or plan to establish within the next 12 months a record keeping system that track when backflow prevention devices are tested and when cross-connection surveys are conducted?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

- Upon completing this form, sign and return it with the supporting documents to: **MassDEP - Drinking Water Program, One Winter Street, 5th. Floor, Boston, MA 02108 Attn.: TNC/NTNC CCCP Plan**
- Once approved, **this form and the appropriate documentation becomes your “Cross Connection Control Program Plan” for your system as required by 310 CMR 22.22(3)(b).**
- If you have any question(s), please contact Mr. Otavio DePaula-Santos at (617) 556-1085 or via e-mail at Otavio.Paula-Santos@state.ma.us

IV. PWS RESPONSIBLE PARTY

I certify under penalty of law that I am the owner or person authorized to fill out this form and that the information contained herein is true, accurate, and complete to the best of my knowledge and belief.

Name _____ Title _____

Signature _____ Date ____/____/____

FOR MassDEP USE ONLY:

CROSS-CONNECTION CONTROL PROGRAM PLAN: APPROVED DENIED

Comments: _____

MassDEP STAFF:

Name: _____ Title: _____

Signature: _____ Date: ____/____/____



Commonwealth of Massachusetts
Executive Office of Energy & Environmental Affairs

Department of Environmental Protection

One Winter Street Boston, MA 02108 • 617-292-5500

DEVAL L. PATRICK
Governor

MAEVE VALLELY BARTLETT
Secretary

DAVID W. CASH
Commissioner

REQUEST FOR AUTHORIZATION TO DELEGATE, SUB-DELEGATE, CONTRACT OR SUBCONTRACT CROSS-CONNECTION SURVEYORS RESPONSIBILITIES

Public Water System Name: _____

PWS ID#: ____/____/____/____/____/____/____ City/Town: _____

The above named public water systems requests the authorization to delegate, or sub-delegate, contract or subcontract the responsibilities for the review and approval of the design data sheet and plans for the installation of backflow prevention devices for the protection of cross connections. *In approving any such a contact arrangement, the Department will require that all determinations made by the contracted certified surveyor be contained in letters (carrying the public water system letterhead) which are signed by the authorized person of the public water system.*

The services of a Massachusetts Certified Cross-connection Surveyor was or will be retained by the public water system to review and approve the design data sheet and plans for the installation of backflow prevention devices for the protection of cross connections as specified at 310 CMR 22.22(3)(r). The name of the Massachusetts certified cross connection surveyor is as follows:

CC Surveyor's Name (print): _____ MassDEP ID# _____

Company Name: _____ Phone # (____) _____ - _____

Address: _____
Street City/Town State Zip

The above named public water system certifies that the review and approval of design data sheet and the plans for the installation of backflow prevention devices for the protection of cross connections will be conducted by the above named Massachusetts certified cross connection surveyor.

I certify under penalty of law that this document, the information contained herein is true, accurate, and complete to the best of my knowledge and belief. The public water system understands that this completed form will be incorporated into its cross connection program plan as previously approved by the Department.

PWS official name (Print): _____ Title: _____

Signature: _____ Date: _____

FOR MassDEP USE ONLY:

