SMALL COMMUNITY WATER SYSTEM (201 - 999 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 201 to 999 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 *(check one):* ☐ Public ☐ State or federal government ☐ CPUC regulated ☐ Mutual water co. ☐ HOA ☐ Private – other ☐ 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 *(check one):*	☐ Operating rules ☐ Ordinance ☐ Board resolution ☐ Bylaw ☐ Other – describe:
Date legal authority adopted by PWS's 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? *(check one)*	☐ At the meter / service connection only ☐ Internal ☐ Both
List the corrective actions the PWS will implement in the event a water user fails to comply with the provisions of the PWS's cross-connection control program. *(check all that apply)*	☐ Noticing letter ☐ Threaten to shutoff letter ☐ Fines ☐ Shut off water ☐ Other – describe below:
Describe other corrective action methods:	

Cross-Connection Control Coordinator Contact Information

In-house employee or contractor?	☐ In-house ☐ Contractor ☐ Other
Name:	
Phone number:	
Email:	
Address:	
Coordinator qualifications (experience, training, and/or certifications):	

Hazard Assessments

The cross-connection control specialist who will review and/or conduct our initial hazard assessments is certified by _____ (*ANSI certified/DDW-recognized organization)* and certification number _____ Expiration Date _____ *Note: certified cross-connection control specialist must meet the requirements of CCCPH 3.4.2*
Describe the certified cross-connection control specialist's role:
Is auxiliary water used in our service area? *(for example, recycled water, raw surface water, private wells, etc.)* ☐ Yes ☐ No If "yes", describe auxiliary water supplies:

Additional hazard assessments will be performed if any one of the following occurs:	• A user premises changes account holder (excluding single-family residences) • A user premises is newly or re-connected • Evidence exists of changes in the activities or materials on a user premises • Backflow occurs from a user premises • The State Water Board requests a hazard assessment • The previous hazard assessment may no longer accurately represent the degree of hazard
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 PWS's hazard assessment procedure.	
Non-residential hazard assessments (commercial, industrial, irrigation)	
Describe your non-residential hazard assessment procedures: *(Check all that apply)* ☐ In person site survey ☐ Questionnaire completed by customer ☐ Phone/email ☐ Use of mapping software ☐ File review ☐ Plan check ☐ Other methods:	
We will conduct initial hazard assessments of the non-residential user premises within our service area no later than:	
We will conduct ongoing hazard assessments of each non-residential service connection at least every _____ years after the initial hazard assessment is complete.	
Residential hazard assessments	
Describe your residential hazard assessment procedures: *(Check all that apply)* ☐ In person site survey ☐ Questionnaire completed by customer ☐ Phone/email ☐ Use of mapping software ☐ File review ☐ Plan check ☐ Other methods:	
We will conduct initial hazard assessments of the residential user premises within our service area no later than:	
We will conduct ongoing hazard assessments of each residential service connection at least every _____ years after the initial hazard assessment is complete.	

(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?	☐ Yes – how many? _____ ☐ No
If "yes", attach a listing of your current inventory. See example list in Attachment 1.	
Does your PWS have any backflow prevention assemblies that are buried (or below grade)?	☐ Yes – how many? _____ ☐ No
Does your service area experience freezing conditions during the winter?	☐ Yes ☐ No
Does your PWS have non-testable backflow preventers at PWS facilities?	☐ Yes ☐ No
If "yes", attach a listing of your current inventory. See example list in Attachment 2.	
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:	
• All individuals who test backflow prevention assemblies must be certified by an ANSI accredited or DDW recognized organization. • Our testers' field test kits must be accurate and routinely verified. • Testers must provide the PWS with copies of all BPA test results.	
Describe your processes for ensuring that the three requirements above are satisfied:	
What notification methods do you use to inform customers that their BPA test is due? *(check all that apply)*	☐ Letter ☐ Phone ☐ Email ☐ Other – describe:
Describe your PWS's 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? *(check all that apply)*	☐ Fines Fine amounts are: $ _____ to _____ ☐ Water shutoffs ☐ Other – describe:
What penalties exist (Ordinances or Rules of Service) for failed, tampered, and missing BPAs? *(check all that apply)*	☐ Fines Fine amounts are: $ _____ to _____ ☐ Water shutoffs ☐ 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.
Notify regulatory agency within 24 hours of discovering a known or suspected backflow event.
Regulatory authority contact information: Name of agency: Phone number: Email:
If directed by the regulatory agency, notify customers with appropriate public notification within 24 hours.
Complete a backflow incident report at the request of the regulatory agency.
Include the name(s) of personnel who respond to water quality complaints and suspected backflow incidents:

Public Outreach and Local Entity Coordination

What method(s) are used to educate your customers, staff, and community about backflow protection and cross-connection control: *(select all that apply)* ☐ Periodic water bill inserts ☐ Pamphlet distribution ☐ New customer documentation ☐ Customer emails ☐ Consumer confidence reports ☐ Public events ☐ Website ☐ Other:
Include additional details about public outreach:
Describe coordination with the local entities about your PWS's CCC program. *For example: local fire, local building officials, local environmental health, plumbers, etc*.

Record Keeping

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): ☐ Digital ☐ Hard copy ☐ Both ☐ Other:
All records must be stored in accordance with section 3.5.1 of the CCCPH. List the types of records maintained and the length of retention below:
Describe any additional details:

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.

Is recycled water used in your PWS's service area? ☐ Yes ☐ No	
Has the State Water Board required a user supervisor for a multi piping system in your PWS service: ☐ Yes ☐ No	
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:	Name: Email: Phone number: Qualifications / training required: Date of most recent training: Frequency of recurring trainings:

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 *(clearly describe address and specific 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