# TRANSIENT NONCOMMUNITY WATER SYSTEM CROSS-CONNECTION CONTROL (CCC) PLAN

(Without Recycled Water Use)

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: | |
| Our PWS has ownership of all buildings served by the PWS. ☐ YES ☐ NO<br>If not, attached is 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 Information

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

## Initial Hazard Assessments[1]

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

| | |
|---|---|
| Date or proposed date of initial hazard assessment:<br>*(if completed, attach a copy of the report)* | |
| Name and certifications of the person 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 |

## Backflow Preventer Inventory and Testing Procedures[Φ]

Our PWS has backflow prevention assemblies installed. ☐ YES ☐ NO

*If" yes", attach a list of your current inventory. See example list in Attachment 1.*
*Optional: include a map identifying the locations of your backflow prevention assemblies.*

| | |
|---|---|
| Required backflow prevention assembly maintenance, repair, or replacement will happen within _____ days after identification. | |
| All backflow prevention assemblies are tested _____ time(s) each year. | |
| *Only certified backflow prevention assembly testers can test backflow prevention assemblies*. If applicable, provide the name(s) and certification(s) of the certified testers used at the PWS. | |
| 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<br>*If "yes", complete Attachment 2 – Inventory of non-testable backflow preventers*. |
| 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[Φ]

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 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[①]

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

Our PWS will educate 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 coordinating regarding the CCC program with local entities. *For example: local fire, local building official, etc*. _____

## Record Keeping[①]

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 _____

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 |
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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 |
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