

**CT Department of Public Health - CROSS CONNECTION SURVEY REPORT (CCSR) FORM**

**FOR USE BY:** Community Public Water Systems (PWSs) Serving 1,000 persons or less and Non-Community PWSs

**PURPOSE:** Satisfy the backflow prevention device testing and cross connection inspection requirements of the Regulations of CT State Agencies

A. PWS ID#:	B. PWS Name:	C. Survey Year:

**D. Report Attestation - Cross Connection Survey Inspector**

<b>Printed Name</b> of Cross Connection Survey Inspector (DWCI Certification)	<b>DWCI Signature</b> - I certify that this report has been forwarded to the PWS Owner and/or PWS Legal Contact Person and they are aware that this report has been or will be submitted to satisfy the reporting requirements of the RCSA.	Signature Date:

or

**D. Report Attestation - PWS Owner or Legal Contact Person**

<b>Printed Name</b> of PWS Owner and/or Legal Contact Person:	<b>PWS Owner and/or Legal Contact Person Signature</b> - I certify to the best of my knowledge that the information summarized in this report is complete and correct and that this report is being submitted to satisfy the reporting requirements of the RCSA.	Signature Date:

**E. Inspection Attestation: CT DPH Certified Cross Connection Survey Inspector**

<b>Printed Name</b> of Cross Connection Survey Inspector	DWCI Certificate #:	Signature- I certify that the inspection for cross connection information summarized below (i.e. sec. F., G., H., I. & J.) is correct	Signature Date:

**K. Device Test Attestation: CT DPH Certified Backflow Prevention Device Tester**

<b>Printed Name</b> of Backflow Prevention Device Tester	DWBTC Certificate #:	Signature - I certify that the device test result information summarized below (i.e. sec. L. & M. ) is correct	Signature Date:

**F.**

Consumer Premise	G. Categories of Concern	H. Date of most recent inspection (xx/xx/xxxx)	I. Violations Identified	
			Number found	Number uncorrected
1)				
2)				
3)				
4)				

**L.**

Summary of Backflow Prevention Devices & Test Results (tests performed during the survey year (Jan. 1st through Dec. 31 )				
Device type <sup>1</sup>	Number of Devices			
	Total #	# Tested	# Failed	# Repaired
PVB				
DCVA				
RPD				
PVB				
DCVA				
RPD				
PVB				
DCVA				
RPD				

Use additional forms if more than 4 consumer premises are to be listed.

1: PVB = Pressure Vacuum Breaker, DCVA = Double Check Valve Assembly, RPD = Reduced Pressure Principle Device

**F.**

Consumer Premise (as numbered above)	J. Status of Uncorrected Violation
1)	
2)	
3)	
4)	

**M.**

Backflow Prevention Device Test Kit Calibration Information			
Test Kit #	Calibration date (xx/xx/xxxx)	Pass / Fail	Comment