



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

CROSS CONNECTION SURVEY REPORT FORM - INSTRUCTIONS

1. This report is due annually by March 1 for the preceding calendar year pursuant to Section 19-13-B102(f) of the Regulations of Connecticut State Agencies.
2. Fill in the water system name, survey year and page number on each page.

Inspection Summary pages - Annual and Five Year

3. In the "Categories of Concern" column write one or more of the following codes for any of these items that exist on the property:

(1) Any water supply source other than that of the public water system is known to exist.

(2) Toxic or objectionable chemical or biological substances are used in water solution on public, commercial or industrial premises.

(3) Water pressure is raised by pumping on other than residential premises above that furnished by the supplier.

(4) There is a water storage tank, public swimming pool or water filter, for other than residential use.

(5) There is known to be a sprinkler system for either fire protection or irrigation.

4. Under "Violations" in the "Status" column, enter one or more of the following codes:

(a) Correction has been scheduled (include the completion date on the Comments page).

(b) Referred to local director of health for enforcement

(c) Referred to State Department of Public Health for enforcement

(d) Service terminated

(e) Violation letter issued

(f) Other (provide specific information on Comments page)

5. Under "Testable Backflow Preventers", only list devices that are required to be tested pursuant to Section 19-13-B38a of the Regulations of Connecticut State Agencies.
6. Under "Testable Backflow Preventers", report numbers for all ANNUAL tests performed during the survey (calendar) year, even if the facility was not surveyed during the year.
7. Use additional pages if all of the inspections do not fit on one page.

Comments page

8. If an inspection was not done or devices were not tested because an account is no longer in service, indicate "Not in service" in the comment section. This cannot be applied to seasonal customers. All cross connection issues must be resolved prior to the service being restored.
9. If a system changed ownership during the year, list the previous owner's name on the Comments page.
10. Include information on any enforcement actions taken on the Comments page.



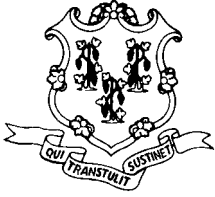
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STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Page ____ of ____

CROSS CONNECTION SURVEY REPORT FORM - GENERAL INFORMATION

Name of Water System _____

PWSID _____

Report for _____ (year)

I certify that the information in this report is substantially correct. (To be signed by the official representative of the water system.)

Print Name _____ Title _____

Signature _____ Date _____

Telephone Number _____

Tester(s)/Inspector(s)

Name	Category ¹	Certificate #	Expiration Date

¹ e.g. General Tester-Inspector, Private Tester

Backflow Prevention Device Test Kit Information ²

Test Kit #	Test date	Result	Calibrated	Comment

² It is recommended that the differential pressure gauge be tested for accuracy and recalibrated, if necessary, every 100 tests or every year, whichever occurs first.

Use copies of this page to list additional testers, inspectors or test kits.



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STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH (DPH)

DRINKING WATER SECTION CROSS CONNECTION SURVEY REPORT (CCSR) SUMMARY

p. ____ of ____

Public Water System (PWS) Name: _____

PWS ID: _____ **SURVEY YEAR:** _____

I certify that the information in this summary reflects the above listed survey year (January 1st through December 31st) and is substantially correct. (to be signed by an official representative of the above listed PWS)

(print name) (signature) (date) (phone)

Regulatory Reference: Section 19-13-B102(f)(2) and 19-13-B38a.(f)(7) of the Regulations of Connecticut State Agencies (RCSA)

Intent: This form is to be used by Public Water Systems (PWS) who supply water to more than 1,000 persons and is to summarize the information contained in the annually required CCSR for the above listed survey year. This form is to be included with the annual CCSR, which must be submitted by March 1st of each year.

A. INSPECTIONS FOR CROSS CONNECTIONS:

_____. (1) Were all inspections for cross connections conducted by individuals who were (yes or no) actively certified by the CT DPH as a Cross Connection Survey Inspector during the survey year?

_____. (2) total # of violations identified

_____. (3) total # of violations which were not corrected

Annually Required Inspections¹

_____. (4) total # of premises required to have been inspected annually¹

_____. (5) total # of annually required inspections conducted during the survey year

Five Year Required Inspections²

_____. (6) total # of premises required to have been inspected every five years

_____. (7) total # of five year inspections conducted during the survey year

_____. (8) Were all premises inspected at least once every five years?

(yes or no)

B. TESTS OF BACKFLOW PREVENTION DEVICES³

_____. (9) Were all tests of backflow prevention devices³ performed by individuals who were (yes or no) actively certified by the CT DPH as Backflow Preventer Tester during the survey year?

_____. (10) total # of backflow prevention devices³ required to have been tested annually

_____. (11) total # of backflow prevention devices³ tested during survey year

_____. (12) total # of backflow prevention devices³ failing test during survey year

_____. (13) total # of backflow prevention devices³ repaired by December 31 of the survey year

C. CCSR REPORTING REQUIREMENTS

_____. (14) Were all premises, which were required to be inspected either annually or every five (yes or no) years, listed in the report? ^{1, 2}

_____. (15) Does the CCSR provide the date of last inspection for each premise listed in (yes or no) the report?

_____. (16) Does the CCSR provide the number of cross connection violations detected for each premise (yes or no) listed in the report?



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DEPARTMENT OF PUBLIC HEALTH (DPH)

cont.

CROSS CONNECTION SURVEY REPORT (CCSR) SUMMARY

p. ___ of ___

_____. (17) Does the CCSR provide the status of correction for each violation that was not corrected by December 31 of the survey year?
(yes or no)

_____. (18) Are all backflow prevention devices³, which were required to have been tested annually, enumerated in the CCSR?
(yes or no)

_____. (19) Did the CCSR summarize the test results of all backflow prevention devices³?
(yes or no)

Where specific "categories of concern", as listed in RCSA Section 19-13-B102f(2), are known to exist at a consumer premise served by a PWS, that PWS is required to annually submit a report (i.e. CCSR), which summarizes the inspections for cross connections and the tests of backflow prevention devices³, to the Department of Public Health.

Notations:

1. The PWS shall have annual inspections for cross connection performed at public, commercial or industrial premises where toxic or objectionable or biological substances are used in water solution.
2. The PWS shall have inspections performed every five years at premises where:
 - a. any water supply source other than that of the PWS is known to exist, or
 - b. water pressure is raised by pumping on other than residential premises above that furnished by the supplier, or
 - c. there is a water storage tank, public swimming pool or water filter, for other than residential use, or
 - d. there is known to be a sprinkler system for either fire protection or irrigation.
3. Backflow Prevention Devices are those required by Section 19-13-B38a.(f)(7) to be tested annually - reduced pressure principle backflow preventer, double check valve assembly and pressure vacuum breaker.

**Department of Public Health
Drinking Water Division
CROSS CONNECTION SURVEY REPORT FORM - ANNUAL INSPECTION SUMMARY**

WATER SYSTEM NAME: _____

SURVEY YEAR _____

PAGE ____ OF ____

Consumer Name and address	Categories of concern ¹	Date of most recent annual insp.	Violations ²			Testable Backflow Preventers					Comments ⁵	
			Number found	Number uncorrected	Status ³	Device type ⁴	Number of Devices					
							Total	Tested	Failed	Repaired		
						PVB						
						DCVA						
						RPD						
						PVB						
						DCVA						
						RPD						
						PVB						
						DCVA						
						RPD						
						PVB						
						DCVA						
						RPD						
						PVB						
						DCVA						
						RPD						
						PVB						
						DCVA						
						RPD						
						PVB						
						DCVA						
						RPD						
TOTALS ⁶						PVB						
						DCVA						
						RPD						

¹ List one or more numbers. See # 3 on Instructions page. Category # 2 requires annual inspections. All other categories must be inspected every 5 years.

² Provide total numbers of violations, such as no device or wrong device, found during the annual inspection. DO NOT include violations related to testing.

³ Provide code for the status of uncorrected violations (see # 4 on Instructions page). Provide comments if there are multiple violations with different statuses.

⁴ PVB=Pressure Vacuum Breaker, DCVA=Double Check Valve Assembly, RPD=Reduced Pressure Principle Device

⁵ If providing additional comments, check this box and put the comments on the last page.

⁶ If more than one page is used for the annual inspection summary, list totals **only** on the last page of the annual summary. In the column titled "Date of most recent annual insp.", provide the number of annual inspections performed in the survey year.

**Department of Public Health
Drinking Water Division
CROSS CONNECTION SURVEY REPORT FORM - FIVE YEAR INSPECTION SUMMARY**

WATER SYSTEM NAME: _____

SURVEY YEAR _____

PAGE ____ OF ____

Consumer Name and address	Categories of concern ¹	Date of most recent 5 year insp.	Violations ²			Testable Backflow Preventers				Comments ⁵	
			Number found	Number uncorrected	Status ³	Device type ⁴	Number of Devices				
							Total	Tested	Failed		Repaired
						PVB					
						DCVA					
						RPD					
						PVB					
						DCVA					
						RPD					
						PVB					
						DCVA					
						RPD					
						PVB					
						DCVA					
						RPD					
						PVB					
						DCVA					
						RPD					
						PVB					
						DCVA					
						RPD					
TOTALS ⁶						PVB					
						DCVA					
						RPD					

¹ List one or more numbers. See # 3 on Instructions page. Category # 2 requires annual inspections. All other categories must be inspected every 5 years.

² Provide total numbers of violations, such as no device or wrong device, found during the 5 year inspection. DO NOT include violations related to testing.

³ Provide code for the status of uncorrected violations (see # 4 on Instructions page). Provide comments if there are multiple violations with different statuses.

⁴ PVB=Pressure Vacuum Breaker, DCVA=Double Check Valve Assembly, RPD=Reduced Pressure Principle Device

⁵ If providing additional comments, check this box and put the comments on the last page.

⁶ If more than one page is used for the 5 year inspection summary, list totals **only** on the last page of the five year summary. In the column titled "Date of most recent 5 year insp.", provide the number of 5 year inspections performed in the survey year.

**Department of Public Health
Drinking Water Division
CROSS CONNECTION SURVEY REPORT FORM - COMMENTS**

WATER SYSTEM NAME: _____ SURVEY YEAR _____

PAGE ____ OF ____

Consumer Name	From Page #	Comments ¹

¹ Use to provide information such as additional details on uncorrected violations.
If an inspection was not done or devices were not tested because an account is no longer in service, indicate "Not in service" in the comment section.
This cannot be applied to seasonal customers. All cross connection issues must be resolved prior to the service being restored.
If a system changed ownership during the year, provide the previous owner's name.