



## Cross Connection Control Program (CCCP)

### 1. Cross Connection Program Coordinator

<input type="text" value="GLENN"/>	<input type="text" value="SNELL"/>	
Coordinator First Name	Coordinator Last Name	
<input type="text"/>	<input type="text"/>	
Coordinator Street Address Line 1	Coordinator Street Address Line 2	
<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Town	State	Zip Code
<input type="text"/>	<input type="text"/>	
Phone Number	Fax Number (if available)	
<input type="text"/>		
Coordinator email		
<input type="text"/>		

#### Surveyor Personnel Information :

To add a surveyor, begin typing the certification ID # in the field below. Pick the license # off the list and then click the "Add Surveyor" button.

MassDEP Certification ID Number

Surveyor's FirstName	Surveyor's LastName	MassDEP Certification ID Number	Expiration Date	Phone Number	Reviewer Surveyor
<input type="text" value="TURNER C"/>	<input type="text" value="FAWKES"/>	<input type="text" value="32462"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text" value="GLENN E"/>	<input type="text" value="SNELL"/>	<input type="text" value="4483"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text" value="CRAIG A"/>	<input type="text" value="CROCKER"/>	<input type="text" value="4462"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text" value="SAMUEL"/>	<input type="text" value="NICKERSON"/>	<input type="text" value="32115"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text" value="JAMIE"/>	<input type="text" value="HYLAS"/>	<input type="text" value="4429"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

#### Tester Personnel Information :

To add a tester, begin typing the certification ID # in the field below. Pick the license # off the list and then click the "Add Tester" button..

MassDEP Certification ID Number

Tester's FirstName	Tester's LastName	MassDEP Certification ID Number	Expiration Date	Phone Number
<input type="text" value="TURNER C"/>	<input type="text" value="FAWKES"/>	<input type="text" value="32462"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="GLENN E"/>	<input type="text" value="SNELL"/>	<input type="text" value="4483"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="CRAIG A"/>	<input type="text" value="CROCKER"/>	<input type="text" value="4462"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="JAMIE"/>	<input type="text" value="HYLAS"/>	<input type="text" value="4429"/>	<input type="text"/>	<input type="text"/>



**Massachusetts Department of Environmental Protection**  
 Bureau of Water Resources (BWR) – Drinking Water Program  
*Public Water Supply Annual Statistical Report*  
 Reporting Year 2015

PWSID#: 4020002  
 Name: CENTERVILLE OSTERVILLE  
 MARSTONS MILLS WD  
 City: OSTERVILLE  
 PWS Class: COM

2. Did your system use the services of a third party/consultant for the implementation of your Cross-connection Control Program or a portion of it?

Yes  No

Contact First Name

Contact Last Name

Doing Business As  
 (Company/Individual Name)

Consultant Street Address Line 1

Consultant Street Address Line 2

City/Town

State

Zip Code

Phone Number

Fax Number (if available)

Consultant email

**Third Party Consultant Surveyor Personnel Information:**

To add a surveyor, begin typing the certification ID # in the field below. Pick the license # off the list and then click the "Add Surveyor" button.

MassDEP Certification ID Number

**Third Party Consultant Tester Personnel Information:**

To add a tester, begin typing the certification ID # in the field below. Pick the license # off the list and then click the "Add Tester" button.

MassDEP Certification ID Number

<b>What services does the consultant perform for the town</b>	
<input type="checkbox"/> Facilities Survey	<input type="checkbox"/> Testing of Devices
<input type="checkbox"/> Device Installation Plan Approval	<input type="checkbox"/> Program Management
<input type="checkbox"/> Other(explain)	<input type="text"/>

3. Complete the following table summarizing types and numbers of facilities surveyed during this reporting period.

Type of Facility	Total # of Facilities Served by PWS	# of Facilities Surveyed Prior to this reporting period	# of Facilities with first time surveys during this reporting period	# of Facilities Remaining to be Surveyed	# of Facilities Re-surveyed in this reporting period
	A	B	C	= A - (B+C)	
Commercial	94	12	2	80	0
Industrial	0	0	0	0	0
Institutional	12	2	0	10	0



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Municipal	26	2	0	24	0
Residential (Optional)	48	1	5	0	0
Total	180	17	7	156	0

\*Use Comment field at the end of this question set (question #16) to provide, clarifications, descriptions or explanations regarding the above data. Please reference the question number and table field in your description.

**4. Are there any cross-connection(s) within your systems service area protected by:**

Reduced Pressure Backflow Preventer (RPBP):	<input checked="" type="radio"/> Yes <input type="radio"/> No
Double Check Valve Assembly (DCVA):	<input checked="" type="radio"/> Yes <input type="radio"/> No

If the answer is No to both questions go to question 8. If the answer is yes please complete the appropriate section(s) of the following table.

Type of Facility	Total # of devices at the beginning of this reporting period	# of devices installed in this reporting period	# of devices removed & not replaced in this reporting period	Total # of devices	# of seasonal devices in Total
	A	B	C	= A+B-C	
<b>RPBP</b>					
Commercial	41	0	0	41	10
Industrial	0	0	0	0	0
Institutional	10	0	0	10	0
Municipal	21	0	0	21	2
Residential (Optional)	11	4	0	15	4
Total	83	4	0	87	16
<b>DCVA</b>					
Commercial	51	2	0	53	1
Industrial	0	0	0	0	0
Institutional	2	0	0	2	0
Municipal	5	0	0	5	0
Residential (Optional)	31	1	0	32	0
Total	89	3	0	92	1

\*Use Comment field at the end of this question set (question #16) to provide, clarifications, descriptions or explanations regarding the above data.

Please reference the question number and table field in your description.

\*PWSs must maintain a list of ALL registered cross connections that are being protected by a RPBP or DCVA. The list must contain at a minimum the following information: owner/business name, Cross Connection ID#, types of protection (RPBP or DCVA), brand, model, serial # and exact location within the facility.



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**5. Provide information on the testing performed in this reporting period by the type of device/assembly.**

Type of Protection	# of Initial tests	# of Routine tests	# of Failures	# of Repairs & Re-tests	# Not Tested
RPBP	4	86	8	8	2
DCVA	3	94	4	4	

Describe any discrepancies between the expected number of tests, based on the total number of devices reported in question #5, and the actual number of tests reported in question #6. If you reported a value greater than 0 for "# Not Tested" in question #6 provide an explanation for why the devices were not tested.

OFF AT VALVE. BUILDINGS NOT IN USE, OWNERS NOT RESPONDING TO LETTERS/MESSAGES.

**6. Can your PWS provide MassDEP with a copy of the list of RPBP and DCVA within 2 hours?**

Yes  No

**7. Does your PWS approve, permit and/or test PVB and/or SPPVB\* devices?**

PVB DEVICES  Yes  No      SPPVB DEVICES  Yes  No

If Yes to either please provide the following details:

Type of Protection	# of Initial tests	# of Routine tests	# of Failures	# of Repairs & Re-tests
PVB				
SPPVB				

\*Use Comment field at the end of this question set (question #16) to provide, clarifications, descriptions or explanations regarding the above data. Please reference the question number and table field in your description.

**8. What is the maximum time allowed to protect a cross connection after the discovery of a violation?**

Check one:  14 days     30 days     90 days     Greater than 90 days

**9. Do you have a fully implemented active cross-connection educational program directed toward residential customers?**

Yes  No      If No, is there a date when you plan to have an educational program implemented?  
 NTNCs may skip this question.      Date(mm/dd/yyyy)

**10. Do you have a fully implemented educational program for specific users (ex. Industrial, Commercial, Institutional, Municipal and Residential)?**

Yes  No  N/A      "N/A" should be selected only if your system does not have any Industrial, Commercial, Institutional, Municipal or Residential users. If Yes, please list the types of users targeted through your education program. (Check all that apply):

Industrial     Commercial     Institutional     Municipal  
 Residential

If No, when do you plan to have the educational program implemented?

Date(mm/dd/yyyy)

**11. Does your system have an atmospheric vacuum breaker (hose bib) program for your customers?**



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<input checked="" type="radio"/> Yes <input type="radio"/> No	If no do you plan to institute one in future? If yes go to question 13	<input type="radio"/> Yes <input type="radio"/> No	If yes When? If no go to question 13.	<input type="text"/> Date(mm/dd/yyyy)						
<b>12. Does your system have a local ordinance, by-law or policy statement on cross-connection control?</b>										
<input checked="" type="radio"/> Yes <input type="radio"/> No										
If YES, and you already provided copy to MassDEP in 2008 (2007 ASR) no further action is required.										
If YES, and you did not provide a copy to MassDEP please forward a copy to:										
MassDEP Boston office, 1 Winter Street, 5 <sup>th</sup> floor, Boston, MA 02108										
Attn : Otavio DePaula-Santos										
<b>13. Does your water system have a total containment policy?</b>										
<input checked="" type="radio"/> Yes <input type="radio"/> No										
Containment policy means ALL services connections have a device installed at the meter. Containment protects the water main by isolating each facility independently of its activity ( residential, commercial, industrial, or municipal).										
<b>14. Has there been a cross-connection incident in your water system during the reporting period?</b>										
<input type="radio"/> Yes <input checked="" type="radio"/> No										
If Yes, please provide information below:										
<table border="1"> <thead> <tr> <th>Date of Incident</th> <th>Location of the Incident</th> <th>DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td colspan="3"> </td> </tr> </tbody> </table>					Date of Incident	Location of the Incident	DESCRIPTION			
Date of Incident	Location of the Incident	DESCRIPTION								
<b>Comments or additional information regarding this section</b>										