



Center for Drinking Water Quality

2020 Cross-Connection Control Program Annual Report

1. Water System Name: _____
Public Water System (PWS) Identification #: RI _____
2. Type of PWS: Community water system Non-transient non-community water system
3. Contact Information: Name: _____ Title: _____
Email: _____ Phone number: _____
4. Were public education efforts undertaken during this reporting period? Yes No
If the answer is *Yes*, explain what public education efforts were undertaken:

If the answer is *No*, explain what public education efforts are planned:

5. Has there been a cross-connection incident in your water system in 2020? Yes No
If *Yes*, provide the following information with as much detail as possible for each incident. Please attach additional documentation as necessary.
Date: _____ Location: _____
Description:

6. For PWSs that have more than one service connections:
Has a certified cross-connection surveyor(s) surveyed all new and existing service connections, determined levels of hazard, and selected appropriate backflow preventers? Yes No
7. Have all testable backflow preventers been tested during this calendar year by certified backflow prevention device inspector/tester(s)? Yes No
8. Does the system have any active private wells being used within the system's service area?
Yes No If *Yes*, please answer:
How many active private wells are physically disconnected from the PWS? _____
How many active private wells are connected to the PWS with an appropriate backflow prevention devices?

- Others, please explain: _____
9. Complete Attachment A

I certify that _____ PWS implements its Cross-Connection Control Plan through the ongoing operation and maintenance of the public water system. In addition, I certify that the above information provided is true and accurate, and I understand that providing false information may result in penalties levied upon the public water system.

Owner's Signature

Owner's Name (Print): _____ Date: _____



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Attachment A: 2020 Summary of Service Connections and Backflow Preventers

Water System Name: _____ PWS Identification #: RI _____

Service connections & Backflow preventers	Residential (as of 6/27/07)	Residential (after 6/27/07)	Commercial	Industrial	Other(s)	Total
1. Number of new service connections identified/constructed in 2020						
2. Number of all existing service connections at the end of 2020						
3. Answer if PWS has more than one service connections	a. Number of service connections that have been surveyed					
	b. Number of service connections that haven't been surveyed					
	c. If the survey is not completed, the survey by a certified cross-connection surveyor(s) will be completed by 20_____					
4. Number of service connections that should be protected by a backflow preventer determined by the CCC survey						
5. Number of service connections protected by an appropriate backflow preventer						
6. Number of service connections not protected by an appropriate backflow preventer						
7. Number of service connections with a testable backflow preventer						
8. Number of testable backflow preventers tested in 2020						
9. Number of testable backflow preventers tested and passed in 2020						
10. Number of testable backflow preventers tested and failed in 2020						
11. Number of failed backflow preventers that were replaced or repaired and then passed in 2020						
12. Number of failed backflow preventers that were not replaced or repaired in 2020; explain reasons in Note section below if the number > 0						
13. Number of service connections with a non-testable backflow preventer						
14. Number of non-testable backflow preventers replaced per, at minimum, the manufacturer's recommendations in 2020						
15. Note: If any of the above information (1 to 14) is UNKNOWN due to unfinished initial survey or other reasons, please explain, and provide a reasonably planned timeline for when the information will be available						