

**Department of Public Health  
Drinking Water Division**

**CROSS CONNECTION SURVEY REPORT INSTRUCTIONS**

**Community Public Water Systems Serving 1,000 persons or less and Non-Community Public Water Systems**

Use form on the backside of this page for items A) through G).

- A) Name of Tester(s) / Inspector(s)** Provide the name, certificate # and expiration date of all persons who performed cross connection inspections and tests of backflow prevention devices during the survey year. **The cross connection inspector and/or tester must sign this report indicating that the information in this report is substantially correct.** A list of cross connection inspectors and backflow prevention device testers who are available for contract work can be accessed via the internet at: [www.dph.state.ct.us /BRS/WSS/operators.htm](http://www.dph.state.ct.us /BRS/WSS/operators.htm).
- B) Consumer Premise :** List the name or address of the consumer premise(s) where a category of concern (see list below) is known to exist. A consumer premise is considered to be any location where water is provided. The term consumer premise could include any customer of a Public Water System (i.e. residence, non-residential facility, commercial establishment...etc.).
- A school, factory, shopping or industrial center, convalescent home...etc., which is supplied by it's own Public Water System (I.e. well) would itself be considered a consumer premise. In this situation list the name of the Public Water System under Consumer Premise.
- C) Categories of Concern:** **Use the following codes to describe the activities ("categories of concern") which are known to exist at the listed "consumer premise"**
- "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 for other than residential use, commercial swimming pool or commercial water filter
  - 5) There is known to be a sprinkler system for either fire protection or irrigation."
- D) Date of most recent inspection** Provide the date of the most recent Cross Connection inspection performed on the consumer premise listed. A consumer premise having a category of concern meeting item #2 above must be inspected annually. All other categories of concern, items #1, #3, #4, and #5 above, must be inspected at least once every five years.
- E) Violations:** Provide total numbers of violations, such as no device or wrong device, found during the annual inspection. DO NOT include violations related to device testing. Provide the number of uncorrected violations which still exist through December 31 of this survey year.
- F) Testing Backflow Prevention Devices** Information in this section is to be determined from tests performed on testable backflow prevention devices which exist at the listed consumer premise. Tests may only be performed by persons (testers) who have completed and passed a course, which was administered or approved by this Department, in accordance with the requirements of section 25-32-11 of the RCSA and who maintain a current certificate as a tester. A list of backflow prevention device testers who are available for contract work can be accessed via the internet at: [www.dph.state.ct.us /BRS/WSS/operators.htm](http://www.dph.state.ct.us /BRS/WSS/operators.htm).
- G) Status of Uncorrected Violations** Indicate the status of any uncorrected violation, which exist through December 31 of the survey year. Enter one or more of the following codes which apply:
- 1) Correction to violation has been scheduled,
  - 2) Installation of backflow prevention device has been scheduled,
  - 3) Consumer premise (I.e. customer of PWS) notified of violation, awaiting response,
  - 4) Other - provide specific information on the status of the uncorrected violation.

Form on reverse side

# Department of Public Health Drinking Water Division

SURVEY YEAR \_\_\_\_\_

## CROSS CONNECTION SURVEY REPORT FORM

PAGE \_\_\_\_ OF \_\_\_\_

Community Public Water Systems Serving 1,000 persons or less and Non-Community Public Water Systems

PUBLIC WATER SYSTEM: \_\_\_\_\_

PUBLIC WATER SYSTEM ID#: \_\_\_\_\_

TOWN: \_\_\_\_\_

You may copy this form if additional consumer premises (more than 4) are to be listed.

**A)**

Name of Tester(s) / Inspector(s)	Certificate #	Expiration date	I certify that the information in this report is substantially correct (Signature)

**B)**

**C)**

**D)**

**E)**

**F)**

Consumer Premise	Categories of concern	Date of most recent inspection	Violations		Testing Backflow Prevention Devices				
			Number found	Number uncorrected	Device type <sup>1</sup>	Number of Devices			
						Total	Tested	Failed	Repaired
1					PVB				
					DCVA				
					RPD				
2					PVB				
					DCVA				
					RPD				
3					PVB				
					DCVA				
					RPD				
4					PVB				
					DCVA				
					RPD				

<sup>1</sup> PVB = Pressure Vacuum Breaker, DCVA = Double Check Valve Assembly, RPD = Reduced Pressure Principle Device

**B)**

**G)**

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