

State of Utah
Division of Drinking Water
Cross Connection Control Annual Report

Division of Drinking Water
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Instructions

Step 1 Using your cross connection control records and documentation, please complete this form with information that applies to your water system.

Step 2 Submit a copy of this form to the Utah Division of Drinking Water

Step 3 Keep a copy for your water system cross connection control records

*Annual Report for the year of: _____

*Name of Person Completing Report: _____

*Title or Position: _____ *Email: _____

Water System Information

*Water System Name: _____

*Water System Number: _____ Population Served: _____

*Water System Classification: ☐ Community ☐ Non-Community Transient ☐ Non-Community Non-Transient

Number of Service Connections:

Commercial: _____ Residential: _____

Name of individual administering & implementing the CCC program: _____

Phone: _____ Email: _____

Does the water system have dual checks on the meter setters?

☐ Yes ☐ No

If yes, do you maintain an inventory of the locations of dual check valves?

☐ Yes ☐ No

What percentage of the water system has dual check valves at the meter in your system? _____

Is there a secondary water source within the water systems jurisdiction?

☐ Yes ☐ No

If "Yes" ...

Is the secondary water source maintained by water system?

☐ Yes ☐ No

Is the secondary water source maintained by private entity?

☐ Yes ☐ No

0 Yes 0 No

☐ Yes ☐ No

☐ Yes ☐ No

0 Yes 0 No **Date reviewed:** _____

0 Yes 0 No **Date reviewed:** _____

0 Yes 0 No

0 Yes 0 No

☐ Yes ☐ No

Name: _____

Certification Number: _____

Expiration Date:

Does the water system have an individual on staff trained in cross connection control? ☐ Yes ☐ No

Name(s): _____

Backflow 101? ☐ Yes ☐ No

Date: _____ **Location:** _____ **Online?** ☐ Yes ☐ No

Seminar? ☐ Yes ☐ No

Date: _____ **Location:** _____ **Hours:** _____

Public Awareness and Education

How many public awareness and education events were provided by the water system in the past year in the topic of cross connection control or backflow prevention? _____

Does the water system document these public awareness and education events in your records?

☐ Yes ☐ No

If yes, how is it documented? _____

How many of the public awareness events were ...

Online: _____

Consumer Confidence Report:

Public Meetings: _____

Other? Describe:

Brochures: _____

Staff Training: _____

List public awareness and education events in the past year

Date: _____

Date: _____

Date: _____

Type of Activity:

Type of Activity:

Type of Activity:

Number of People: _____

Number of People: _____

Number of People: _____

Record Keeping

Which method(s) are used by the water system to document cross connection control records?

Computer Database

File System

Computer Spreadsheet

Other: _____

How often are your cross connection control records updated and reviewed?

☐ Annually ☐ Monthly ☐ Weekly ☐ Daily

Are records maintained for Backflow Assembly Inventory?

☐ Yes ☐ No

If so, how many backflow assemblies do you have on record? _____

Are records maintained for high hazard air gap inventory?

☐ Yes ☐ No

If so, how many high hazard air gaps do you have on record? _____

Are records maintained for hazard assessments and inspections?

☐ Yes ☐ No

Are records maintained for compliance correspondence with customers?

☐ Yes ☐ No

Are records maintained for enforcement actions?

☐ Yes ☐ No

Which methods were used for documentation?

☐ Assessment Reports

☐ Letters

☐ Backflow Test report form

☐ Photos

☐ Other: _____

On-Going Program and Enforcement

How many backflow assemblies have been tested the past year? _____

How many high hazard air gaps have been inspected the past year? _____

How many hazard assessments have been performed the past year? _____

Commercial: _____ Residential: _____

How many unprotected cross connections were located at hazard assessments in the past year?

Commercial: _____ Residential: _____

How many of these cross connections have been corrected?

Commercial: _____ Residential: _____

Agree and Submit

By clicking the Submit button, you certify that the information in this report is accurate. You understand that any of the information might be verified by Drinking Water Staff

☐ I Agree

Signature: _____

Date: _____

"By signing, I certify the above information is correct and complete. I understand that all info may be verified by Drinking Water Staff."