



## Cross Connection Control Program (CCCP)

### 1. Cross Connection Program Coordinator

<input type="text" value="ARTHUR F."/>	<input type="text" value="REYNOLDS JR."/>	
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="ARTHUR F"/>	<input type="text" value="REYNOLDS JR."/>	<input type="text" value="31887"/>	<input type="text" value="4/1/2018"/>	<input type="text"/>	<input checked="" 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="ARTHUR F"/>	<input type="text" value="REYNOLDS JR."/>	<input type="text" value="31887"/>	<input type="text" value="4/1/2018"/>	<input type="text"/>
<input type="text" value="THOMAS R"/>	<input type="text" value="WEIR"/>	<input type="text" value="32297"/>	<input type="text" value="2/1/2017"/>	<input type="text"/>
<input type="text" value="RICHARDE"/>	<input type="text" value="WRIGHT"/>	<input type="text" value="32296"/>	<input type="text" value="12/1/2016"/>	<input type="text"/>
<input type="text" value="TIMOTHY S"/>	<input type="text" value="DANIELS"/>	<input type="text" value="32397"/>	<input type="text" value="6/1/2018"/>	<input type="text"/>

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)



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

PWSID#: 4099000  
 Name: FOXBORO WATER DEPARTMENT  
 City: FOXBOROUGH  
 PWS Class: COM

Consultant Street Address Line 1

City/Town

Phone Number

Consultant email

Consultant Street Address Line 2

State

Fax Number (if available)

Zip Code

**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

Surveyor's FirstName	Surveyor's LastName	MassDEP Certification ID Number	Expiration Date	Phone Number	Third Party Reviewer Surveyor
<input type="text" value="GARY S"/>	<input type="text" value="ODOARDI"/>	<input type="text" value="2016"/>	<input type="text" value="4/1/2018"/>	<input type="text"/>	<input type="checkbox"/>

**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

Tester's FirstName	Tester's LastName	MassDEP Certification ID Number	Expiration Date	Phone Number
<input type="text" value="GARY S"/>	<input type="text" value="ODOARDI"/>	<input type="text" value="2016"/>	<input type="text" value="4/1/2018"/>	<input type="text"/>

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

**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	<input type="text" value="211"/>	<input type="text" value="210"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="3"/>
Industrial	<input type="text" value="16"/>	<input type="text" value="16"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>



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

PWSID#: 4099000  
Name: FOXBORO WATER DEPARTMENT  
City: FOXBOROUGH  
PWS Class: COM

Institutional	2	2	0	0	0
Municipal	26	26	0	0	0
Residential (Optional)	0	0	0	0	0
Total	255	254	1	0	4



\*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	188	7	5	190	35
Industrial	38	0	2	36	0
Institutional	7	0	0	7	0
Municipal	23	0	0	23	3
Residential (Optional)	0	0	0	0	0
<b>Total</b>	<b>256</b>	<b>7</b>	<b>7</b>	<b>256</b>	<b>38</b>
<b>DCVA</b>					
Commercial	127	2	2	127	0
Industrial	6	0	0	6	0
Institutional	2	0	0	2	0
Municipal	11	0	0	11	0
Residential (Optional)	0	0	0	0	0
<b>Total</b>	<b>146</b>	<b>2</b>	<b>2</b>	<b>146</b>	<b>0</b>

\*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.

**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	7	457	121	101	6
DCVA	2	143	16	16	0



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

PWSID#: 4099000  
 Name: FOXBORO WATER DEPARTMENT  
 City: FOXBOROUGH  
 PWS Class: COM

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.

(2) RPZ'S AT GILLETTE STADIUM COMMON LAUNDRY (AREA BEING RENOVATED). (1) RPZ AT FWD WELL #12 (WATER OFF / NOT IN USE). (3) RPZ'S ON IRRIGATION SYSTEMS; LIKAAR, COBOT BUSN. PARK ENTRANCE & PET MEMORIAL PARK (SYSTEMS OFF / NOT IN USE).

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

Yes  No

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

PVB DEVICES	<input checked="" type="radio"/> Yes <input type="radio"/> No	SPPVB DEVICES	<input type="radio"/> Yes <input checked="" type="radio"/> 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	1	36	11	6
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?

<input checked="" type="radio"/> Yes <input type="radio"/> No	If No, is there a date when you plan to have an educational program implemented? NTNCs may skip this question.	<input type="text"/> Date(mm/dd/yyyy)
---	---	--

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

<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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):
<input checked="" type="checkbox"/> Industrial	<input checked="" type="checkbox"/> Commercial
<input checked="" type="checkbox"/> Institutional	<input checked="" type="checkbox"/> Municipal
<input type="checkbox"/> 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?

<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)
---	---	--	--	--



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

PWSID#: 4099000  
Name: FOXBORO WATER DEPARTMENT  
City: FOXBOROUGH  
PWS Class: COM

12. Does your system have a local ordinance, by-law or policy statement on cross-connection control?

Yes  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

13. Does your water system have a total containment policy?

Yes  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).

14. Has there been a cross-connection incident in your water system during the reporting period?

Yes  No

If Yes, please provide information below:

Date of Incident	Location of the Incident	DESCRIPTION
------------------	--------------------------	-------------

Comments or additional information regarding this section