

Cross-Connection Control Plan

CA1700502

Anderson Springs Community Service District

1-707-881-7560

Cross-Connection Control Plan prepared by:

Donny Breedlove



SUSP Backflow/Cross-Connection Control Specialist
AWWA #03369

SMALL COMMUNITY WATER SYSTEM (201 - 999 connections) CROSS-CONNECTION CONTROL (CCC) PLAN

To comply with section 3.1.4 of the Cross-Connection Control Policy Handbook (CCCPH), each public water system (PWS) must submit a written Cross-Connection Control (CCC) Plan to the State Water Board for review. This template is provided as a resource for community water systems with 201 to 999 service connections. A PWS may choose to use this template or create its own plan. Please note that completing and submitting this form to the State Water Board does not guarantee that the State Water Board will approve the submitted plan.

Instructions: Complete every blank in this template including answering all yes or no questions and attaching documents. Refer to the [Cross-Connection Control Policy Handbook](#) for definitions and detailed explanations of all CCC program requirements.

Public Water System Information

Public water system name:	Anderson Springs Community Service District
Public water system number:	1700502
Number of single-family residential service connections:	227
Number of multifamily residential service connections (duplex, apartments, etc.):	0
Number of commercial service connections:	0
Number of industrial service connections:	0
Number of agricultural irrigation service connections:	0
Number of landscape irrigation service connections:	
Water system ownership type (<i>check one</i>): <input checked="" type="checkbox"/> Public <input type="checkbox"/> State or federal government <input type="checkbox"/> CPUC regulated <input type="checkbox"/> Mutual water co. <input type="checkbox"/> HOA <input type="checkbox"/> Private – other <input type="checkbox"/> Other, describe:	
Add any additional details:	

CCC Legal Authority

All PWSs are required to have the legal authority to implement a CCC program.

Legal authority type (<i>check one</i>):	<input type="checkbox"/> Operating rules <input checked="" type="checkbox"/> Ordinance <input type="checkbox"/> Board resolution <input type="checkbox"/> Bylaw <input type="checkbox"/> Other – describe:
Date legal authority adopted by PWS's governing body (Board, City, County, etc.):	December 10 th 2025

Attach a copy of the document which provides CCC enforcement authority (ordinance, bylaws, operating rules, etc).	
At what location(s) is backflow protection required? (check one)	<input checked="" type="checkbox"/> At the meter / service connection only <input type="checkbox"/> Internal <input type="checkbox"/> Both
List the corrective actions the PWS will implement in the event a water user fails to comply with the provisions of the PWS's cross-connection control program. (check all that apply)	<input checked="" type="checkbox"/> Noticing letter <input type="checkbox"/> Threaten to shutoff letter <input checked="" type="checkbox"/> Fines <input type="checkbox"/> Shut off water <input type="checkbox"/> Other – describe below:
Describe other corrective action methods:	

Cross-Connection Control Coordinator Contact Information

In-house employee or contractor?	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Contractor <input type="checkbox"/> Other
Name:	Patricia Roy
Phone number:	707-881-7560
Email:	andersonspringscsd@gmail.com
Address:	PO Box 929 Middletown, Ca 95461
Coordinator qualifications (experience, training, and/or certifications):	

Hazard Assessments

<p>The cross-connection control specialist who will review and/or conduct our initial hazard assessments is certified by _____ AWWA _____ (ANSI certified/DDW-recognized organization) and certification number ____03369____ Expiration Date ____7/31/2027____</p> <p><i>Note: certified cross-connection control specialist must meet the requirements of CCCPH 3.4.2</i></p>
Describe the certified cross-connection control specialist's role: Our specialist is hired to complete the CCC Plan.
<p>Is auxiliary water used in our service area? (for example, recycled water, raw surface water, private wells, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "yes", describe auxiliary water supplies:</p>

Additional hazard assessments will be performed if any one of the following occurs:	<ul style="list-style-type: none"> • A user premises changes account holder (excluding single-family residences) • A user premises is newly or re-connected • Evidence exists of changes in the activities or materials on a user premises • Backflow occurs from a user premises • The State Water Board requests a hazard assessment • The previous hazard assessment may no longer accurately represent the degree of hazard
We will incorporate the recommendations of each hazard assessment no later than ___ 120 ___ days after the initial hazard assessment is complete.	
Describe additional details about your PWS's hazard assessment procedure. Self-surveys will be sent to each customer for a hazard assessment. Anderson Springs CSD will determine which customers will require backflow protection according to the level of hazard at each service connection.	
Non-residential hazard assessments (commercial, industrial, irrigation)	
Describe your non-residential hazard assessment procedures: <i>(Check all that apply)</i> <input type="checkbox"/> In person site survey <input type="checkbox"/> Questionnaire completed by customer <input type="checkbox"/> Phone/email <input type="checkbox"/> Use of mapping software <input type="checkbox"/> File review <input type="checkbox"/> Plan check <input checked="" type="checkbox"/> Other methods: NA There are no commercial service connections in Anderson Springs CSD.	
We will conduct initial hazard assessments of the non-residential user premises within our service area no later than:	NA
We will conduct ongoing hazard assessments of each non-residential service connection at least every ___ NA ___ years after the initial hazard assessment is complete.	
Residential hazard assessments	
Describe your residential hazard assessment procedures: <i>(Check all that apply)</i> <input type="checkbox"/> In person site survey <input checked="" type="checkbox"/> Questionnaire completed by customer <input type="checkbox"/> Phone/email <input type="checkbox"/> Use of mapping software <input type="checkbox"/> File review <input type="checkbox"/> Plan check <input type="checkbox"/> Other methods:	
We will conduct initial hazard assessments of the residential user premises within our service area no later than:	7/1/26

We will conduct ongoing hazard assessments of each residential service connection at least every 3 years after the initial hazard assessment is complete.

(Attach a copy of an existing completed hazard assessment report for evaluation)

Backflow Preventer Inventory and Testing Procedures

Does your PWS have backflow prevention assemblies installed?	<input type="checkbox"/> Yes – how many? _____ <input checked="" type="checkbox"/> No
<i>If “yes”, attach a listing of your current inventory. See example list in Attachment 1.</i>	
Does your PWS have any backflow prevention assemblies that are buried (or below grade)?	<input type="checkbox"/> Yes – how many? _____ <input checked="" type="checkbox"/> No
Does your service area experience freezing conditions during the winter?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does your PWS have non-testable backflow preventers at PWS facilities?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>If “yes”, attach a listing of your current inventory. See example list in Attachment 2.</i>	
Required backflow prevention assembly maintenance, repair, or replacement will happen within <u> 90 </u> days after identification.	
If the same testers are used regularly, provide the name(s) and certification(s) of the testers used at the PWS: NA	
<ul style="list-style-type: none"> • All individuals who test backflow prevention assemblies must be certified by an ANSI accredited or DDW recognized organization. • Our testers’ field test kits must be accurate and routinely verified. • Testers must provide the PWS with copies of all BPA test results. 	
Describe your processes for ensuring that the three requirements above are satisfied: Anderson Springs CSD will require backflow assembly testers to submit their certification and calibration records before being put on a qualified tester list.	
What notification methods do you use to inform customers that their BPA test is due? <i>(check all that apply)</i>	<input checked="" type="checkbox"/> Letter <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other – describe:
Describe your PWS’s procedure for ensuring all backflow prevention assemblies and air gap installations are tested at least annually:	If the initial hazard assessment identifies the need for backflow protection then Anderson Springs CSD will require annual backflow testing.
What penalties exist for unresponsive customers that do not test BPAs? <i>(check all that apply)</i>	<input type="checkbox"/> Fines Fine amounts are: \$ _____ to _____ <input checked="" type="checkbox"/> Water shutoffs <input type="checkbox"/> Other – describe:

What penalties exist (Ordinances or Rules of Service) for failed, tampered, and missing BPAs? <i>(check all that apply)</i>	<input type="checkbox"/> Fines Fine amounts are: \$ ____ to ____ <input checked="" type="checkbox"/> Water shutoffs <input type="checkbox"/> Other – describe:
Non-testable backflow preventers at PWS facilities are installed and maintained in accordance with the California Plumbing Code. The following is our process and timeframe for verifying this:	There are no non testable backflows.
Describe additional details about BPA testing and inventory: Anderson Springs will develop a BPA inventory list and testing procedures if during the initial hazard assessment backflow protection is required.	

Backflow Incident Response, Notification, and Reporting

In the event of a suspected or known backflow incident, I certify that our PWS system will:

Respond and investigate all suspected backflow incidents by responding to and documenting complaints, conducting water quality sampling, and checking pressure.

Notify regulatory agency within 24 hours of discovering a known or suspected backflow event.

Regulatory authority contact information:

Name of agency: DDW

Phone number: 707-576-2108

Email: Matt.Foster@Waterboards.ca.gov

If directed by the regulatory agency, notify customers with appropriate public notification within 24 hours.

Complete a backflow incident report at the request of the regulatory agency.

Include the name(s) of personnel who respond to water quality complaints and suspected backflow incidents: August Santana or Jacob McClure

Public Outreach and Local Entity Coordination

What method(s) are used to educate your customers, staff, and community about backflow protection and cross-connection control: *(select all that apply)*

- ☒ Periodic water bill inserts
 ☐ Pamphlet distribution
 ☐ New customer documentation
☐ Customer emails
 ☒ Consumer confidence reports
 ☐ Public events
 ☐ Website
☐ Other:

Include additional details about public outreach:

Describe coordination with the local entities about your PWS's CCC program.
For example: local fire, local building officials, local environmental health, plumbers, etc.

Record Keeping

CCC program documents, including backflow prevention assembly test reports, hazard assessments, contracts, and our inventory of all backflow preventers are stored using the following method(s):

☐ X Digital X ☐ Hard copy ☐ Both ☐ Other:

All records must be stored in accordance with section 3.5.1 of the CCCPH. List the types of records maintained and the length of retention below:

Some of the records below are only required if, during their initial hazard assessment it is found that some of the properties require backflow protection.

Backflow test reports

Backflow Assembly Tester records

Test kit calibration records

Backflow Incident reports

Hazard Assessments

Records depending on the type shall be held anywhere from three years to ten years.

Describe any additional details:

Recycled Water/User Supervisor Requirements (Optional)

Only complete this section if your PWS service area includes the use of recycled water and/or the drinking water regulatory agency has required a user supervisor for a multi piping system.

Is recycled water used in your PWS's service area? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the State Water Board required a user supervisor for a multi piping system in your PWS service: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "yes" to either question above, provide an attachment that lists the frequency that your PWS contacts each user site supervisor, and the following information about each user site supervisor:	Name: Email: Phone number: Qualifications / training required: Date of most recent training: Frequency of recurring trainings:

Certification

I certify that the information submitted in this Cross-Connection Control Plan is accurate and we will comply with the Cross-Connection Control Policy Handbook (effective date July 1, 2024). Our public water system will ensure its Cross-Connection Control Plan is at all time representative of the current operation of its Cross-Connection Control Program.

Attached are copies of our hazard assessment, backflow prevention assembly and backflow preventer inventories, and our Cross-Connection Control enforcement authority.

Name: Donny Breedlove

Role: Cross-Connection Control

Specialist

Signature: 

Date: 11/18/2025

DDW / LPA Review:

The public water system has demonstrated compliance with the Cross-Connection Control Plan requirements of the CCCPH.

Name:

Title:

Signature:

Date:

ATTACHMENT 1: BACKFLOW PREVENTION ASSEMBLY INVENTORY

[illegible]

RP: Reduced Pressure principle backflow prevention assembly

DC: Double Check valve backflow prevention assembly

AG: Air Gap

PVB: Pressure Vacuum Breaker backflow prevention assembly

ATTACHMENT 2: NON-TESTABLE BACKFLOW PREVENTER INVENTORY

Inventory of Non-Testable Backflow Preventers		
Location	Type (single check, dual check, hose bib vacuum breaker, etc.)	Identified Potential Onsite Hazard

Anderson Springs Community Service District Cross-Connection Control Ordinance

AN ORDINANCE INSTITUTING A CROSS-CONNECTION CONTROL PROGRAM TO PROTECT THE PUBLIC WATER SYSTEM

THE ANDERSON SPRINGS COMMUNITY SERVICE DISTRICT DOES ORDAIN AS
FOLLOWS:

SECTION I – PURPOSE

The purpose of this ordinance is to protect the public water supply system from contamination due to potential and actual cross-connections. This shall be accomplished by the establishment of a cross-connection control program as required by State regulations. This ordinance is adopted pursuant to Title 17, Section 7583 – 7605, inclusive, of the California Code of Regulations, entitled “Regulations Relating to Cross-Connections”.

SECTION II – RESPONSIBILITY

The General Manager/cross-connection control specialist shall be responsible for implementing and enforcing the cross-connection control program. An appropriate backflow prevention assembly shall be installed by and at the expense of the water user at each user connection where required to prevent backflow from the water user's premises to the domestic water system. It shall be the water user's responsibility to comply with the Anderson Springs Community Service District's ASCSD) requirements.

SECTION III – CROSS-CONNECTION PROTECTION REQUIREMENTS

The type of protection that shall be provided to prevent backflow into the public water supply system shall be commensurate with the degree of hazard, actual or potential, that exists on the water user's premises. Unprotected cross-connections with the public water supply are prohibited. The type of backflow prevention assembly that may be required (listed in decreasing level of protection) includes: Air-gap separation (AG), Reduced Pressure Principle Backflow Prevention Assembly (RP), and Double Check Valve Assembly (DC). The water user may choose a higher level of protection than required by the water supplier. The minimum types of backflow prevention required to protect the approved water supply at the user's water connection to premises with varying degrees of hazard are listed in Table 1 of Section 7604, Title 17. Situations which are not covered in Table 1 shall be evaluated on a case-by-case basis and the appropriate backflow prevention shall be determined by the water supplier or health agency.

SECTION IV – BACKFLOW PREVENTION ASSEMBLIES

Only backflow prevention assemblies which have been approved by ASCSD shall be acceptable for installation by a water user. A list of approved backflow prevention assemblies will be provided upon required to any affected customer. Backflow prevention assemblies shall be installed in a manner prescribed in Section 7603, Title 17. Location of the assemblies shall be as close as practical to the user's connection. ASCSD shall have the final authority in determining the required location of the backflow prevention assembly.

Testing of backflow assemblies shall be conducted only by qualified testers and testing will be the responsibility of the water user. Backflow prevention assemblies must be tested at least annually and immediately after installation, relocation or repair. More frequent testing may be required if deemed by ASCSD. No assembly shall be placed back in service unless it is functioning as required. These assemblies shall be serviced, overhauled, or replaced whenever they are found to be defective and all costs of testing, repair, and maintenance shall be borne by the water user. Approval must be obtained from the ASCSD prior to removing, relocating or replacing a backflow prevention assembly.

SECTION V – ADMINISTRATION

The cross-connection control program shall be administered by the General Manager/cross-connection control specialist. ASCSD will establish and maintain a list of approved backflow prevention assemblies as well as a list of approved backflow prevention assembly testers. ASCSD shall conduct necessary surveys of water user premises to evaluate the degree of potential health hazards. ASCSD shall notify users when an assembly needs to be tested. The notice shall contain the date when the test must be completed.

SECTION VI – WATER SERVICE TERMINATION

When ASCSD encounters water uses that represent a clear and immediate hazard to the potable water supply that cannot be immediately abated, the procedure for terminating water service shall be instituted.

Conditions of water uses that create a basis for water service termination shall include, but are not limited to, the following:

1. Refusal to install or to test a backflow prevention assembly, or to repair or replace a faulty backflow prevention assembly.
2. Direct or indirect connection between the public water system and a sewer line.

3. Unprotected direct or indirect connection between the public water system and a system or equipment containing contaminants.
4. Unprotected direct or indirect connection between the public water system and an auxiliary water system.

For condition 1, ASCSD will terminate service to a water user's premises after proper notification has been sent. If no action is taken within the allowed time period, water service shall be terminated.

For conditions 2, 3, or 4, ASCSD shall take the following steps:

1. Make reasonable effort to advise the water user of intent to terminate water service;
2. Terminate water service and lock service valve. The water service shall remain inactive until correction of violations has been approved by the ASCSD.

SECTION VII – EFFECTIVE DATE

This ordinance shall supersede all previous cross-connection control ordinances and shall take effect thirty (30) days from the date of its adoption. Before the expiration of fifteen (15) days after its adoption, this Ordinance shall be posted on community bulletin boards and the website of ASCSD.



CALIFORNIA-NEVADA SECTION
American Water Works Association

Backflow Prevention Assembly Tester

Carry in your wallet

Donny Leon Breedlove
5676 Oak Ridge Dr.
Kelseyville, CA 95451
USA

Certification Director

Effective Date:
06/29/2024

Cert. No.

17095

Exp. Date

07/31/2027



CALIFORNIA-NEVADA SECTION
American Water Works Association

Cross-connection Control Specialist

Carry in your wallet

Donny Leon Breedlove
5676 Oak Ridge Dr.
Kelseyville, CA 95451
USA

Certification Director

Effective Date:
07/21/2025

Cert. No.

03369

Exp. Date

01/31/2028

CROSS CONNECTION CONTROL SURVEY

Please take a few moments to fill out this survey. By doing so, you will help to protect your water supply. Mark all boxes that apply to your parcel.

	Yes	No
1. Private well	<input type="checkbox"/>	<input type="checkbox"/>
2. Private storage tank or reservoir	<input type="checkbox"/>	<input type="checkbox"/>
3. Irrigation system not installed according to plumbing codes	<input type="checkbox"/>	<input type="checkbox"/>
4. Domestic water served by a different source (i.e. creek, pond, or spring)	<input type="checkbox"/>	<input type="checkbox"/>
5. Irrigation served by a different source (i.e. private well, creek, or pond)	<input type="checkbox"/>	<input type="checkbox"/>
6. Swimming pool, spa or hot tub not installed according to plumbing codes	<input type="checkbox"/>	<input type="checkbox"/>
7. Animal troughs	<input type="checkbox"/>	<input type="checkbox"/>
8. Solar hot water heating panels not installed according to plumbing codes	<input type="checkbox"/>	<input type="checkbox"/>
9. Gray water systems	<input type="checkbox"/>	<input type="checkbox"/>
10. Cistern/Rainwater Harvesting systems	<input type="checkbox"/>	<input type="checkbox"/>
11. Water supplying an ornamental pond	<input type="checkbox"/>	<input type="checkbox"/>
12. Any commercial activities that utilize the water system	<input type="checkbox"/>	<input type="checkbox"/>
13. Wastewater treatment facility	<input type="checkbox"/>	<input type="checkbox"/>
14. Plumbing modifications	<input type="checkbox"/>	<input type="checkbox"/>

Please describe in detail any boxes checked "yes" (attach additional sheet if necessary): _____

Name & address: _____

Signature & date: _____