

We work with others to protect the health of the people of Washington State by ensuring safe and reliable drinking water.



CROSS-CONNECTION CONTROL 2024 ANNUAL SUMMARY REPORT

Washington State Department of Health Office of Drinking Water

2023 ASR Data

- All 247 systems over 1,000 connections submitted. >5 million people/>75% of population
- 1,839 high cross connection hazard facilities without premise isolation (1,668 in 2019)
- 5 systems reported not having a CCS.
- 23 Systems are Premises Isolation Only (25 in transition)
- 107 Improper Connections to WWTPs.

2023 Annual Summary Report

- All water systems are required to complete an ASR and make them available to ODW upon request.
- •We require systems with 1,000 (or more) connections to report their annual CCC activities through our on-line portal.
- These 247 systems serve over 5 million people (>75% of the population) and are most likely to serve severe and high health hazard facilities.
- •100% of systems required to submit their reports did so for 2023.

CCC Historical Trends



 Table 4: Backflow Assembly Testing Data

Device	Total	% Tested	% Failed
Air Gap	751	41.0	4.1
RPBA	88,116	83.7	9.0
RPDA	945	68.4	8.0
DCVA	279,555	82.4	3.7
DCDA	17,262	86.0	4.5
PVBA	5,011	59.0	6.5
SVBA	485	73.4	13.8
AVB	1,192	18.9	0
2023 Total	393,317	82.31%	5.00%
2022 Total	376,417	76.11%	4.18%
2021 Total	382,412	80.10%	4.32%
2020 Total	368,176	81.62%	4.16%
2019 Total	351,849	85.66%	4.40%
2018 Total	332,884	85.31%	5.53%

Cross-connection Control Specialist



Backflow Assembly Testers



Fun Facts

- •24 systems reported performing their own backflow assembly testing.
- We expect more systems to trend in this direction as it becomes more challenging to work with customers to implement their CCC programs.
- •We're looking to create a simplified ASR for smaller systems and gradually move the reporting number down to 100 or more connections

DOH CCC Data Collection

 DOH's continuing to target the largest community systems in Washington (1,000 or more connections)

- These public water systems
 - Serve the majority of our state's population

 Are most likely to serve severe and high-hazard premises (Table 13)

• First collected data in 2002 (for 2001)

Purpose of CCC Reporting

- Gather statewide and system-specific CCC data
- Oetermine status of
 - Written CCC Program Plans
 - CCC Program implementation

 Assess backflow prevention at severe and high-hazard facilities

Annual Summary Report Data Uses

- Basis for CCC compliance
- Identify CCC Program deficiencies
- Identify guidance and training needs
- Show CCC/public health improvement trends
- Establish CCC Program direction
- Respond to questions from purveyors, legislators, customers and others

Cross-Connection Control Specialist (CCS)

- Located in Operator Certification Rule
 - OWAC 246-292-033(2)
- OCCS must develop and maintain purveyor's CCC records
- CCS must complete, sign, and make CCC reports available to DOH including ASRs

Public Water System (PWS) CCC Reporting

- Located in Drinking Water Rules
 - oWAC 246-290-490(8)
- All PWS must complete CCC summary reports annually
- PWS must submit reports to DOH upon request
- •We require systems over 1,000 connections to use our on-line reporting platform

Process and Schedule

General ASR Process

- Identify ASR systems for reporting year
 - Community systems with >1,000 total connections
 - Past ASR systems that now serve <1,000 connections
 - o 247 systems met criteria
- Website automatically creates a new year on January 1st.
- Email "official" notices to ASR and WFI contacts
- Provide technical assistance and training
- CCC compliance

ASR Schedule

Date	Task
January 13	Email "official" ASR notification letter
February/March/April	Reminder emails to system that haven't submitted completed ASR
May 5	ASR forms due (~90 days after launch)
June	Begin ASR-related compliance activities (reporting violations)

ASR Submittal Requirements

•All PWS over 1,000 connections must submit

- Annual Activities form (blue) and
- Program Summary form (cream)
- OIn addition, systems
 - Serving Severe Health Hazard
 Facilities must submit gray form
 - Granting, renewing, or cancelling Exceptions must submit green forms

•**All** PWS over 1,000 connections must use the website to complete and submit forms

Blank ASR Forms Online

- For ease of data entry, many PWSs print and fill out blank forms before logging into website
- Blank ASR forms posted to:
 - Office of Drinking Water CCC webpage
 - Help link in ASR website
- ASR forms available in both Word (fillable forms) and pdf format
- Some also print previous year blue form and mark changes

ASR Website—Overview

- Import feature for previous year data
- Includes security features
- Includes resources—Quick Reference Guide, Downloads Page
- Contains data error checks within and between forms
- Requires CCS to certify ASR forms to submit to DOH

Website Access Limited for Security

• Access website by either

• Using link in communication email (directive letter)

• Typing address into Internet browser address field

 Unique combination of PWS ID and DOHassigned PIN for login

 Recommend add ASR website to Internet browser "Favorites"

ASR Security Confirmation Emails

• Reduced number of email triggers

OAdded "Feedback Report" to email

On't need to reply, but if it doesn't show, check junk/spam email folder

PWS Action	Trigger Email to		
Submit Contact Information	Designated CCS/CCC Program Manager only		
ASR Forms Package Certified/Submitted	Both the Designated CCS/CCC Program Manager and ASR PWS Manager		
ASR Forms Package Unsubmitted	Both the Designated CCS/CCC Program Manager and ASR PWS Manager		
WA State DOH 20			

ASR Security Session Timer

• Data entry sessions timeout after 30 minutes

Minutes remaining show at top of each page

• If session times out, you'll lose unsaved data

• Timer resets when

Change pages

Click Save

Ready to Submit

Any navigation buttons

ODW CCC Page

- Blank ASR forms
- Common ASR Errors
- Medical Category Information

FAQs

PowerPoint presentationASR Help Guide

Contact Information Screen

 Must complete Navigation Screen Step 1: CCC Contact Information before other "Step" buttons become enabled

• Must pass data error checks to

- Successfully Submit Contact Info
- Gain access to new ASR forms (Step 2)
- DOH needs your contact info
 - To pre-populate specific fields on all ASR forms
 - For confirmation and other CCC-related emails

Navigation Screen

Navigation ASR forms

 View/Print Forms from Past Years

View/Print
 Feedback

Na National State Department of Annual Summ		Summary Report (ASR) for 2023	avigation Screen mary Report (ASR) for 2023	
Environmental Public Health Office of Drinking Water	PWS ID: 111111 PWS Nam	ne: Test System 1 County: Thurston		
Help	For security reasons, your se	For security reasons, your session will expire in about 27 minutes.		
avigation Screen				
CURRENT YEAR: 20	23	View/Print Forms	rom P	
PWS Contact Info	rmation	Contact Info Last Saved: 4/23	/2024	
	Designated CCS/ CCC Program Manager	PWS Manager	.2021	
Name	Jared G Goff	Rhonda J Leatherwood		
Email	rjl0303@doh.wa.gov	rjl0303@doh.wa.gov		
Phone Number	360-236-4570	360-628-1937		
Instructions Submit All ASR Fo	orms			
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Import Feature Pop-Up

One-time option to import last year's data onto this year's forms

 Import pop-up displays when click New button on blue, cream, or gray forms on Navigation Screen

Import	×
Would you like to Import last year's data?	
Ye	No

Grayed Out Fields

Reminder—you can't enter data into grayed out fields!

• Examples

• Totals the website calculates for you

• Other fields the website fills in for you

 Fields that block entry of illogical data based on your data in a related field

ASR Forms Save vs. Ready to Submit Buttons

 Click the Save button to save your ASR form as a draft (work in progress)

Once you've entered all data on an ASR form, click the Ready to Submit button (triggers data checks within the form)



Ready to Submit All ASR Forms

- When you've completed your required ASR forms, click Ready to Submit All ASR Forms button on Navigation Screen
 - Website will check your data for errors within and between forms
 - o If the Data Errors Screen displays, resolve errors

Repeat process until ASR Forms Package
 Certification and Submission Screen displays

ASR Forms Package Certification/Submission Screen

- Designated CCS must certify ASR Forms Package
- Type name in certification statement box and complete both checkboxes (all required fields)
- Click Submit ASR Forms Package button
- Forms Package Submission Confirmation Screen will display with Congratulations message
- Save or print final forms for PWS records

ASR Form Comments Important

 Office of Drinking Water staff have access to all your system's ASR forms (current and past)

•We strongly encourage you to provide comments on each ASR form

ASR Form Comments Important (Continued)

Include information such as

• Explanations for data on forms

• Changes in CCC Program status

Accomplishments for current reporting year

•Goals/priorities for the next reporting year

Access Website, Login, and Contact Screen

Access ASR Website and Login

• Access ASR website Login screen at: <u>https://test-</u> <u>fortress.wa.gov/doh/cccqa/CCC/Login.aspx</u>

Enter 6-digit PWS ID and 5-digit DOHassigned PIN and click LOGIN button



Cross-Connection Control Database Login Screen

Welcome to the CCC ASR Application The Annual Summary Reports for 2023 are due May 01, 2024.

To log in, enter your 6-digit PWS ID and PIN (supplied by DOH) and click the LOGIN button.

PWS ID:	
Unique PIN:	
LOGIN	

Our <u>Quick Reference Guide</u> provides step-by-step information on how to use the new website to certify and submit your 2023 ASR forms to DOH.

Notice

DOH considers your system's completed CCC ASR forms official public water system records. DOH:

- · Uses the information you report as the basis for enforcement action; and
- Makes ASRs available to the public upon request according to public disclosure laws.

Recommended screen resolution is 1024 X 768. To adjust, click on Start, Settings, Control Panel, Display, Settings. **To adjust text size**, hold down the CTRL key and depending on your browser either:

- · Press "+" or "-" keys.
- Move the mouse wheel.



Choose Reporting Year Screen Annual Summary Report (ASR) for 2023

Logout

PWS ID: 111111 PWS Name: Test System 1 County: Thurston

For security reasons, your session will expire in about 29 minutes.

Choose Reporting Year Screen

You may access your water system's current and past ASR forms from this screen.

From the dropdown box below:

- 1. Click GO! to access ASR forms for 2023 (current year).
- or

Help

2. Choose a prior year, and select GO! to view and print (not edit) ASR forms for a past reporting year.

Current Year (2023) ✔ GO!

Choose your reporting year

OAlso view past ASR forms
Navigation Screen - Step 1

Oclick Step 1: PWS Contact Info button to get to the Contact Information Screen

Navigation Screen		
CURRENT YEAR: 2023		View/Print Forms from Past Years
PWS Contact Informa	ation	Contact Info Last Saved: 4/23/2024 1:18 PM
	Designated CCS/ CCC Program Manager	PWS Manager
Name	Jared G Goff	Rhonda J Leatherwood
Email	rjl0303@doh.wa.gov	rjl0303@doh.wa.gov
Phone Number	360-236-4570	360-628-1937
Update Contact Info		
Submit All ASR Form	S	

Complete PWS Contact Information



Public Water System Contact Information Annual Summary Report (ASR) for 2023

PWS ID: 111111 PWS Name: Test System 1 County: Thurston

For security reasons, your session will expire in about 29 minutes.

Logout

Help

PWS Contact Info

CURRENT YEAR: 2023

View/Print Forms from Past Years

Please enter your CCC contact information below:

We use this information to populate the contact information on all ASR forms. You must complete all fields marked with an "* ".

- 1. Click the Submit button to:
 - a. Trigger access (on the Navigation Screen) to new ASR forms for this reporting year.
 - b. Display your contact information on new ASR forms for this reporting year.
 - c. Update/change your contact information on saved ASR forms for this reporting year.
- 2. Click the Save button to:
 - a. Save your contact information as a "work in progress" for this reporting year.
 - b. Update your contact information on this screen only. This action will not update your contact information on new or saved ASR forms for this reporting year.

	Designated CCS/ CCC Program Manager	PWS Manager
Position Description	 The CCC Program Manager is the person: Designated by the purveyor to be in responsible charge of the CCC program, as required in WAC 246-290-490(3)(e) and WAC 246-292-050(4). Who manages the CCC program for the PWS and is responsible for the day-to-day implementation of the CCC program. 	 The PWS Manager is either the: Person that directly supervises the Designated CCS/CCC Program Manager; or Other manager having direct oversight of the CCC Program. In large systems, this person doesn't need to be in charge of the entire PWS.
First Name *	Jared	Rhonda
Middle Name	G	J
Last Name *	Goff	Leatherwood

Contact Info Screen Notes—1

• Use Save to save your info as a draft (or to update the info on this screen only)

Ouse Submit when you've completed all required fields on Contact Info Screen

•Note—Submit triggers the data errors check



Contact Screen Notes—2

• To successfully Submit contact info, you must:

- Complete all required fields
- Provide phone numbers in valid format
- Provide matching emails in valid format

 If you pass the data error checks on Submit, the Navigation Screen will display and you'll get a confirmation message



Contact Screen Notes—3

If you fail the data error checks, you'll remain on the Contact Information Screen. You may see:

First Name *	Henry	1	Validation Error ×
Middle Name		1	You must complete the
Last Name *		1 1	missing phone number(s)
	Required.		below to Submit your PWS
Job Title	CCC Program Manager		Contact Information and gain
	360-23-3133	OR	access to new ASR forms.
	Format is XXX-XXX-XXXX		Scroll down to see the
Phone Ext.	52		missing field(s).
Email Addross*	nathan.ikehara@doh.wa.gov		
	Emails must match to Save or Submit your contact information.		
Confirm Email *	Henry.Darcy@doh.ny.gov	J	OK

 Scroll down and correct the problem fields and repeat Submit process until successful

Navigation Screen—Notes

- Access new ASR forms
- Edit and print saved ASR forms
- Check on the status of any ASR form
 - Not started
 - Saved
 - Ready to Submit
 - Certified/Submitted
 - Unsubmitted

Help Navigation Screen CURRENT YEAR: 20 PWS Contact Info	117	PWS ID For sect	: 111111 PW urity reasons, ye	/S Name: Te:	st System 1	County: Thu	rston			
Help Havigation Screen CURRENT YEAR: 20 PWS Contact Info	117	For sec	urity reasons, ye	our session w						
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PWS Contact Info										
	ormation				Conta	ct Info Last	Saved: 4/10	0/2018 4:00 P		
		Designat CCC Progra	ted CCS/ Im Manager			PWS	Manager			
Name	Henry Darcy	-			Julius Weist	ach				
Email	nathan.ikeha	ara@doh.wa.gov			nathan.ikeh:	ra@doh.wa.go	v			
Phone Number	360-236-313	33			360-236-313	3				
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Navigation Screen—Notes

- If applicable, view summary info for
 - Gray form data
 - Green form data
- If applicable, access the Exceptions List
- Start the ASR forms submission process
- Also initiate the "Unsubmit" process

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	Designated CC: CCC Program Man	S/ Iager	PWS Mana	iger		
Name	Henry Darcy		Julius Weisbach			
Email	nathan.ikehara@doh.wa.gov		nathan.ikehara@doh.wa.gov			
Phone Number	360-236-3133		360-236-3133			
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Navigation Screen—Step 2

Step 2: Start a New Form after you successfully Submit your Contact Info (complete Step 1)

Instructions 횐				
Submit All ASR Forms				
 When you're done filling ou and <i>between</i> forms. 	t all your forms, select the Ready to \$	Submit All ASR Forms butt	on. The website will check y	your data <i>with</i>
Ready to Submit All ASR For	ms			
ASR Feedback Report				
Print Feedback				
Annual Summary Reports Cross-Connection Control Act Instructions 📀	vities (Blue)			
NEW EDIT PRINT	Status: Not Started Last Save	d:		
Cross-Connection Control Pro Instructions	gram Summary (Cream)			

Blue Form

Annual Activities Report (Blue)

- Focus: CCC program development and implementation
- Written CCC Program status
- OBackflow prevention for Table 13 hazards
- Backflow preventer inventory
- Other implementation activities

Select New Blue Form from Navigation Screen

• Click New to start a blue form

Jpdate Contact Info
structions 🕙
ubmit All ASR Forms
• When you're done filling out all your forms, select the Ready to Submit All ASR Forms button. The website will check your data within and between forms.
Ready to Submit All ASR Forms
SR Feedback Report
Print Feedback
nnual Summary Reports
<u>coss-Connection Control Activities (Blue)</u> Istructions 📀
NEW EDIT PRINT Status: Not Started Last Saved:

• This will trigger the Import Pop-Up

Blue ASR Form Completion

 Click Yes to import last years data onto this years form

 Click Save and start editing new ASR form

Import		×		
Would you like to I	mport last year's data?			
	Yes	No		
Carpennyph Palic Solth				
Cities of Day using Hoper-	PWS ID: 111111	PWS Name: Test Syst	em 1 County: Thursto	<i></i>
Clear of Deriving States	PWS ID: 111111 For security reasons	PWS Name: Test Syst	e in about 29 minutes.	
Designated Cross-Conne	PWS ID: 111111 For security reasons Previous Page 1 Page 2 Page 3 ction Control Specialist (CCS) In CCS Phone 280	PWS Name: Test Syst , your session will expire Page 4 Page 5 Pa <u>Page 4 Page 5 Pa</u> <u>Page 4 Page 5 Pa</u>	ge 6 Next ©	RAT Cost #
Designated Cross-Conne lame Henry Darcy s: PWS owner or employee	PWS ID: 111111 For security reasons Previous Page 1 Page 2 Page 3 ction Control Specialist (CCS) In CCS Phone 360-3	PWS Name: Test Syst , your session will expire <u>Page 4 Page 5 Pa</u> <u>Page 4 Page 5 Pa</u> <u>Page 4 Page 5 Pa</u> <u>Page 5 Pa</u> <u></u>	ge 6 Next © CCS Cert. #	BAT Cert. #
Designated Cross-Conne lame Henry Darcy s: PWS owner or employee Status of Cross-Connect	PWS ID: 111111 For security reasons Previous Page 1 Page 2 Page 3 ction Control Specialist (CCS) In CCS Phone 360-3	PWS Name: Test Syst , your session will expire <u>Page 4 Page 5 Pa</u> <u>Information</u> 236-3133 ext- 52 Ind of 2017 ⁽²⁾	ge 6 Next ©	BAT Cert. #
Designated Cross-Conne lame Henry Darcy s: PWS owner or employee Status of Cross-Connect information about the statu	PWS ID: 111111 For security reasons Previous Page 1 Page 2 Page 2 ction Control Specialist (CCS) In CCS Phone 360-3 ion Control (CCC) Program at En us of your CCC Program at the end	PWS Name: Test Syst , your session will expire Page 4 Page 5 Pa <u>Information</u> 236-3133 ext- 52 <u>Ind of 2017</u> (?) d of the reporting year.	ge 6 Next © CCS Cert. #	EAT Cert. #

Part 3

Enter the number of connections (new and existing) served by the PWS by type.

Type of Service Connection	Number
Residential (As defined by PWS)	181842
All Other (include dedicated fire lines, dedicated irrigation lines, and PWS-owned facilities such as water and wastewater treatment plants and pumping stations, parks, piers, and docks)	28992
Total Number of Connections	210834

Page 1

Answer the following questions carefully. These answers control your access to pages 2 and 3 for data entry.		
1. Does your PWS serve any severe or high-hazard premises or any high-hazard dedicated fire or irrigation lines?	●Yes ○No	
2. Does PWS serve any high-hazard medical premises?	●Yes ○No	
 If you answer Yes to both questions, you must enter data in at least one row on page 2 and one row on page 3. 		

If you answer Yes to Question 1 and No to Question 2, you must enter data on page 2 only.

If you answer No to both questions, pages 2 and 3 will be grayed out to prevent data entry.

· Count only premises PWS serves water to.

• Report data as accurately as possible. DOH currently bases CCC compliance actions on this information.

Premises Isolation Backflow Preventers

• Install preventer at either:

Meter or property line

 An alternate location acceptable to the purveyor usually where service line enters customer's building

• If installed in alternate location, must still function as a premises isolation preventer

• Mandatory for all severe and high-hazard premises per WAC 246-290-490

In-Premises Backflow Preventers

- PWS may rely on only when premises isolation is not required
- •Not applicable to severe or high-hazard premises!
- Required by Uniform Plumbing Code (UPC) amended for Washington
- Enforced by Authority Having Jurisdiction (AHJ), usually the local city or county building official

Premises Isolation Requirements



Blue Form Column B (pages 2 and 3)

• In Column B, don't include connections:

• With DCVAs for premises isolation

 Where PWS relies solely on fixture prevention or area isolation (no premises isolation)

	Numbe	r of Connec	tions at end	of 2017
Type of Severe or High-Hazard Premises or Dedicated Lines [WAC 246-290-490(4)(b)]	A. Being Served Water by PWS ¹ ?	B. With Premises Isolation by AG/RP ²	C. With Column B AG Inspected or RP Tested ³	D. Granted Exception from Premises Isolation ?
Agricultural (farms and dairies)	6	2	2	2
Beverage bottling plants (including breweries)				
Car washes				
Chemical plants				
Commercial laundries and dry cleaners				

Blue Form Medical Table (page 3)

- Common question: how should PWS report connections that serve more than one type of medical facility
- Count connection under medical category that poses the highest hazard to water system
- Don't count same connection more than once on Medical Category Table!

Backflow Prevention for Table 13 Premises

• Part 3B (Page 2)

	Numbe	r of Connec	tions at end	of 2017
	Α.	B.	C.	D.
	Being	With	With Column P	Granted
Type of Severe or High-Hazard Premises or Dedicated Lines	Water by	Isolation	AG	from
[WAC 246-290-490(4)(b)]	PW S ¹	by AG/RP ²	Inspected	Premises
	(7)	•	or	Isolation
			RP Tested [®]	(7)
			0	

• Part 3C (Page 3)—Medical High Hazard

I		Numbe	r of Connec	tions at end	of 2017
Ш		A.	В.	C.	D.
Ш		Being	With	With	Granted
ш		Served	Premises	Column B	Exception
Ш	Type of High-Hazard Medical Premises	Water by	Isolation	AG	from
ш	[WAC 246-290-490(4)(b)]	PW S ¹	by AG/RP ²	Inspected	Premises
Ш		(7)	•	or	Isolation
ш		-	-	RP Tested ⁸	•
Ш				(7)	
ľ	Joenitale				

Grayed Out Fields Reduce Blue Form Data Logic Errors

1. Does your PWS serve any severe or high-hazard premises or any high-hazard dedicated fire or irrigation lines?

○Yes ● No

2. Does PWS serve any high-hazard medical premises?

Selecting "No" triggers the website to gray out Medical Premises Table (page 3) to prevent entry of illogical data.

	Number of Connections at end of 2017
	A. B. C. D.
	Being With With Grante
	Served Premises Column B Excepti
Type of High-Hazard Medical Premises	Water by Isolation AG from
[WAC 246-290-490(4)(b)]	PWS ¹ AG/RP ² Inspected Premise
	(?) Or Isolation
	RP Tested ³ (2)
Hospitals	
Hospitals (include psychiatric hospitals and alcohol and drug treatment centers)	
Facilities for Treatment and Care of Patients Not Located in Hospitals Counted Above	
Same day surgery centers	
Out-patient clinics and offices	
Alternative health out-patient clinics and offices	
Psychiatric out-patient clinics and offices	
Chiropractors with water-connected X-ray equipment	
Hospice care centers	

Blue Form Pages 2 and 3 Notes

 Critical to accurately report status of backflow prevention for Table-13 type premises

• DOH uses this data as basis of CCC compliance

• Page 2 Table 13 "Hospital/Medical Facilities" row

Hospitals, medical centers, medical, dental and veterinary clinics, mortuaries, nursing	0	0	0	0
homes, etc., reported on Part 3C page 3 (totals imported from page 3)	2	~	0	5

• Website imports totals from page 3 for this row

- You can't edit page 2 hospital (grayed out) row
- Edit page 3 values to change display on page 2

Blue Form Pages 2 and 3 Notes (2)

• Remember—Table 13 is not all inclusive!

- Add "Other" rows for high-hazard premises not on Table 13 (like marijuana grow operations)
- ODon't enter None, N/A, or "0" in "Other" rows if not applicable! Leave blank!
- See footnote for "counting" instructions

Blue Form (Pages 2 and 3)

Α	B
"Being Served Water by PWS ¹ "	"With Premises Isolation by AG/RP ² "
Count <i>all</i> connections to severe and high-hazard premises served	Count only those Column A connections with premises isolation RPs or air gaps

¹Count multiple connections or parallel installations to the same premises as separate connections.

²Count only connections with premises isolation AGs or RPs. Don't include connections with in-premises preventers only or connections with DCVAs or DCDAs installed for premises isolation. The number in Column B can't be larger than the number in Column A in the same row.

Blue Form Inventory Part 4A (Page 4)

Back	low Preventer Category and Inspection/Testing Information	Air Gap	RPBA	RPDA	DCVA	DCDA	PVBA	SVBA	AVB	
Table	1: Premises Isolation Preventers (include preven	nters isola	ting PWS-	owned fac	ilities)	·		·;		
Existi	ng Premises Isolation Backflow Preventers				-					
1	In service at beginning of 2017 🕐	20	0	0	0	0				
2	Inspected and/or tested in 2017 ¹ ⑦	0	0	0	0	0				
3	Failed inspection or test in 2017 📀	0	0	0	0	0				
New F	remises Isolation Backflow Preventers									
4	Installed in 2017 ² 🕐	0	0	0	0	0				
5	Inspected and/or tested in 2017 ¹ ⑦	0	0	0	0	0				
6	Failed inspection or test in 2017 🕐	0	0	0	0	0				
Premi	ses Isolation Backflow Preventers (existing or n	ew)								
7	Removed from service in 2017 ³ ?	0	0	0	0	0				
Total	Premises Isolation Preventers at End of 2017	20	0	0	0	0	0	0	0	

Blue Form Inventory—Failures

- Failure is any time
 - Assembly doesn't pass at least one field test in reporting year
 - Air gap doesn't pass at least one inspection in reporting year
- Count multiple failures of same assembly as one failure for the reporting year
- Report the failure, even if assembly passes test after cleaning or repairs

Blue Form Inventory—Detectors

- Count each detector assembly only once (don't count bypass separately)
- Count as one test the tests of mainline assembly and bypass assembly
- Count as one failure the failure of:
 - Either the mainline or bypass assembly; or
 - Both the mainline and bypass assemblies
- If take entire assembly out of service, count removal once

Blue Form Inventory Notes (Page 4)

 Critical to report testing *failures*, i.e. any time assembly doesn't pass one field test in the reporting year

- Remember—ASRs are public records
- Legislators may use assembly failure rate data to justify dropping annual testing

Blue Form Notes (Page 5)

• Part 4B: Other Implementation Activities

On-site hazard survey questions—read carefully!

On-site Hazard Surveys			
Did your CCS conduct any on-site hazard surveys during 2017?	(⊃Yes ◉No	
	S	ervice Connection	Туре
	New	Existing	Total
* 1. Number of connections surveyed for cross-connection hazards to PWS.			0
* 2. Number of connections requiring backflow prevention to protect PWS. ^{1,2}			0

- Part 5: Backflow Incidents, Risk Factors and Indicators
 - WAC requires PWSs to report backflow incidents and complete Backflow Incident Report form
 - Water outage events should include both planned and unplanned events
 - Expect systems to track information requested

Individual ASR Forms Ready to Submit Process and In-Form Data Errors

Blue Form Within Form Data Errors Check

Click Ready to Submit. If Data Errors Screen appears, click page links to jump to errors



Example Required Fields Data Error Messages Page 5

	Backflow Incidents, Risk Factors, and Indicators during 2017	Number
Bac	kflow Incidents during 2017	
1	Backflow incidents that contaminated the PWS. ⁵	Required.
2	Backflow incidents that contaminated the customer's drinking water system only. ⁵	Required.
Ris	k Factors for Backflow during 2017	
3	Distribution main breaks per 100 miles of pipe.	Required.
4	Low pressure events (<20 psi in PWS distribution system).	Required.
5	Water outage events.	Required.
Ind	icators of Possible Backflow during 2017	
6	Total health-related complaints received by PWS.6	Required.
7	Received during BWA or PN events. ⁷	Required.
8	Received during low pressure or water outage events.	Required.
9	Total aesthetic complaints (color, taste, odor, air in lines, etc.).	Required.
10	Received during BWA or PN events. ⁷	Required.
11	Received during low pressure or water outage events.	Required.

Example Blue Form Data Logic Error Message Page 2

•Website checks for data logic (validation) errors in addition to required fields



Example Data Logic Error Messages Pages 4 and 5

• The A	ir Gap column contains illogical data. Please correct using the	e messages t	hat pop-up w	hen you tab a	way from the	problem field	ls.	Message ×
Backt	low Preventer Category and Inspection/Testing Information	Air Gap	RPBA	RPDA	DCVA	DCDA	PVBA	The number inspected/tested must be less than or equal to
Table	1: Premises Isolation Preventers (include preve	nters isola	ting PWS-	owned fac	ilities)			the number installed. Please
Existi	ng Premises Isolation Backflow Preventers							change the value.
1	In service at beginning of 2017 🕐	10	10	10	10	10		
2	Inspected and/or tested in 2017 ¹ ⑦	50	10	10	10	10		Close
3	Failed inspection or test in 2017 😨	5	5	5	5	5		

Part 4B: Other Implementation Activities in 2017	
Complete all cells. Enter zero if not applicable.	
• Water use questionnaires must be greater than zero.	
Water Use Quesuonnaires	
Did your PWS send any water use questionnaires to customers during 2017?	● Yes ○No * Number 0

Resolve All Within-Form Data Errors

• Complete all **required** fields

• "Required" will disappear when you tab away from completed field

- Correct all **illogical** data
- Olick Ready to Submit again

Repeat Ready to Submit Process until Form Status Changes

WA State DOH | 70

 Repeat process until form status changes

Office of Drinking Water		Tot Sustan 4 Country Thurston
	PWSID. TITTT PWSNan	ne. Test system 1 County. Inurston
Help	For security reasons, your se	ssion will expire in about 27 minutes.
avigation Screen	v to submit	
	y to outmin.	
CUTRENT YEAR: 20	017	View/Print Forms from Pas
PWS Contact Info	ormation	Contact Info Last Saved: 4/10/2018 4
	Designated CCS/ CCC Program Manager	PWS Manager
Name	Henry Darcy	Julius Weisbach
Email	nathan.ikehara@doh.wa.gov	nathan.ikehara@doh.wa.gov
Phone Number	360-236-3133	360-236-3133
Update Contact Inf	fo	
Update Contact Inf Instructions 🗹 Submit All ASR F	fo orms	
Update Contact Inf Instructions S Submit All ASR F • When you're do and between fo	fo orms one filling out all your forms, select the Ready to Submit orms. All ASR Forms	t All ASR Forms button. The website will check your data
Update Contact Inf Instructions S Submit All ASR F • When you're do and between fo Rundy to Submit A ASR Fs adback Re	orms one filling out all your forms, select the Ready to Submit rms. All ASR Forms eport	t All ASR Forms button. The website will check your data
Update Contact Inf Instructions S Submit All ASR F • When you're do and between fo Rendy to Submit A ASR Fs toback Re Print Feed tock	to orms one filling out all your forms, select the Ready to Submit orms. All ASR Forms eport	t All ASR Forms button. The website will check your data
Update Contact Inf Instructions S Submit All ASR F • When you're do and between fo Rendy to Submit A ASR Fs Idback Re Print Feed tock Annual Summary	orms one filling out all your forms, select the Ready to Submi t orms. All ASR Forms eport Reports	t All ASR Forms button. The website will check your data
Update Contact Inf Instructions S Submit All ASR F • When you're do and between fo Rendy to Submit A ASR Fs odback Re Print Feedback Annual Summary Cross-Connection C	to orms one filling out all your forms, select the Ready to Submit orms. All ASR Forms eport Reports Control Activities (Blue)	t All ASR Forms button. The website will check your data
Update Contact Inf Instructions S Submit All ASR F • When you're do and between fo Rendy to Submit A ASR Fe yoback Re Print Feed tock Annual Summary Cross-Connection C Instructions S	orms one filling out all your forms, select the Ready to Submit rms. All ASR Forms eport Reports Control Activities (Blue)	t All ASR Forms button. The website will check your data

Reminder to Submit ASR Forms "Package" to DOH


Cream Form

CCC Program Summary (Cream)

- Focus: written CCC Program Plan, policy, and procedures
- Program type, compliance options
- CCC responsibilities
- Policies—auxiliary supplies, irrigation, Exceptions, etc.

Repeat Start a New Form Process

- On Navigation Screen, click New to start a cream form
- Click Yes at import prompt and start editing data

Washington State Department of Health	Cross-Connection Control Program Summary (Cream) Annual Summary Report (ASR) for 2017			
Office of Drinking Water	PWS ID: 111111 PWS Name: Test System 1 County: Thurston			
Help	For security reasons, your session will expire in about 29 minutes.	Logout		
	Previous Page 1 Page 2 Page 3 Page 4 Next			
Describe the characteristics of the P Part 1: CCC Program Characterist	WS's Cross-Connection Control (CCC) Program at the end of 2017. ti cs			
A. Type of Program Implemented				
	Type of Program	Check One		
Premises isolation only.		۲		
Combination program: reliance on both premises isolation and in-premises prevention.				
In transition from a combination	program to a premises isolation only program.	0		
D. Occardination with Authority U.	wine lugisdiction (All I) on 000 locus			

Cream Form Reminders

- Most fields are required
- Includes data logic and grayed out fields
- Page 3 Part 1L controls access to:
 - New green forms (cream row 2)
 - Past green forms (cream row 3)
- •Website completes Part 1L row 3 based on historic green form data

Cream Form Page 3 Part 1L Exceptions to Premises Isolation

• PWS must complete rows 1 and 2

• Row 3 will be grayed out/disabled since website completes for you

•You can't change data in row 3!

L. Exceptions to Mandatory Premises Isolation	
PWS's written CCC Program Plan <i>allows</i> system to grant exceptions to mandatory premises isolation per WAC 246-290- 490(4)(b)(iii)	Yes O No O Doesn't Address O
PWS currently grants new Exceptions.	Yes O No O
PWS granted Exceptions in past reporting years.	Yes No
1	

Gray Forms

Severe Health Hazard Form (gray)

- Focus: status of backflow prevention at severe health hazard facilities (SHHFs)
- Must complete, only if water system serves one or more:
 - Wastewater treatment plants
 - Nuclear reactor or radioactive material processing plants
- Blue form page 2 data (nuclear, WWTP rows) controls gray form access

Access New Gray Form

Access new gray form from Navigation Screen

Click Yes at Import prompt and start editing data as needed

 SHHFs include, but are not limited to, nuclear facilities and wastewater treatment plants. Only systems serving SHHFs must complete this form. You must complete and submit this form based on your blue form data. Status: Not Started Last Saved: NEW EDIT PRINT Status: Not Started Last Saved: Facilities 0 0 0 Connections 0 0 0	Backflow Prevention for Seve This form requests inform (SHHEs) sound by your s	kflow Prevention for Severe Health Hazard Facilities (Gray) This form requests information on the status of backflow prevention at Severe Health Hazard Facilities (SHHEs) served by your system				
Status: Not StartedLast Saved:NEW_EDIT_PRINTStatus: Not StartedOtherFacilities00Connections00	 SHHFs include, but are no Only systems serving SHI You must complete and s 	ot limited to, nuclear faci HFs must complete this t ubmit this form based or	lities and waste form. n your blue form	ewater treatment plants. n data.		
NEWPRINTWWTPNuclear-RelatedOtherFacilities000Connections000						
NEW EDITFacilities000Connections000		Status: Not Started		Last Saved:		
Connections 0 0 0		Status: Not Started	WWTP	Last Saved: Nuclear-Related	Other	
	NEW EDIT PRINT	Status: Not Started Facilities	WWTP 0	Last Saved: Nuclear-Related 0	Other 0	

Gray Form Improvements Multiple Connections/Facility



Help

Backflow Prevention for Severe Health Hazard Facilities (Gray) Annual Summary Report (ASR) for 2017

PWS ID: 111111 PWS Name: Test System 1 County: Thurston

For security reasons, your session will expire in about 29 minutes.

Logout

Part 1: Backflow Prevention Status

- Describe the backflow prevention status at the end of the reporting year for each wastewater treatment plant and nuclear facility your system serves.
- · If you serve more than one severe health hazard facility, click the "Add Facility" button to display another facility data entry box.
- If you serve more than one connection to the same facility, click the "Add Connection" button to display another connection row for that facility.
- · You may add as many facilities and connections as needed.
- · To update this form, you may delete facilities and connections which are no longer served.

'Ideal' Situation



Figure G2-1 Cross Connection Control Overview

Complicated Situation



Figure G2-4 Complex Cross-connection Control Overview

Green Forms

Exceptions Report (green)

- Focus: exceptions to mandatory premises isolation
- Must complete only if water system grants
 Exceptions now or granted in past
- Per WAC, PWS must document reason Exception granted
- Case-by-case documentation

Access to New Green Forms

- Access to new green forms on Navigation
 Screen initially disabled
- •New button appears grayed out (disabled)
- Website continues to block access until PWS saves either a:
 - Blue form that reports on page 5 that PWS granted new Exceptions in reporting year; or
 - Cream form that reports on page 3 Part 1L that PWS grants new Exceptions

New Green Form Access Unblocked

Exceptions to High-Hazard Premises Isolation Requirements (Green)

- This form enables water systems to document [as required in WAC 246-290-490(4)(b)(iii)] an Exceptio to Mandatory Premises Isolation.
- · Only systems granting exceptions must complete this form.
- Complete one new green form for each new Exception your system granted this reporting year.
- Also complete a new green form for any "Active" exceptions your system granted in past reporting year but did not submit to DOH.
- Select the EXCEPTIONS LIST button to Edit, Renew, Cancel, and Print saved Exception forms.

NEW EXCEPTIONS LIST	Total New (or previously undocumented)	Total Cancelled	Total Renewed	Total Previously Granted Not Expired	Total Previously Granted Expired
	0	0	0	0	0

Accessing Saved Green Forms

• Access saved green forms from the List of Exceptions

 Click the Exceptions List button on the Navigation Screen to access the List of Exceptions

NEW EXCEPTIONS LIST	Total New (or previously undocumented)	Total Cancelled	Total Renewed	Total Previously Granted Not Expired	Total Previously Granted Expired
	0	0	0	0	2

Edit, Renew, and Cancel Exceptions

 List of Exceptions table displays Exceptions by premises name and shows status

• From this screen, you can:

- Edit, cancel, and print new Exceptions
- Can renew, cancel, and print expired Exceptions

Important Reminder! You n	nus	st Renew or Cance	all expired exceptions to submit your ASR	Forms Pack	age.	
Available Actions	<u>#</u>	Premises Name	Premises Type	<u>Status</u>	Expiration Date	Last Saved
EDIT CANCEL PRINT	7		Agricultural (farms and dairies)	Renewed		07/27/2016 09:07 AM
RENEW CANCEL PRINT	8		Commercial laundries and dry cleaners	Expired (Assumed)		07/27/2016 09:07 AM
RENEW CANCEL	9			Expired (Assumed)		07/27/2016 09:07 AM

Address All Expired Exceptions

- Ocheck status on Exceptions List
- "Expired" status means either:
 - Expiration date falls on or before the end of reporting year
 - No date originally entered (field blank)
- Must address expired Exceptions either:
 - Cancel if no longer valid; or
 - Renew if still valid

Cancelling Exceptions

• To cancel an Exception, click Cancel and complete Exception Cancellation Form

 Complete all fields on form including Cancellation Reason

On Submit, status on Exceptions List will change to Cancelled and display only in year in which cancelled

Cancellation Form

Wednington State Dynamics of Health	Exception Cancellation Annual Summary Report (ASR) for 2017			
Environmental Public Health Office of Drinking Water	PWS ID: 111111 PWS Name: Test System 1 County: Thurston			
Help	For security reasons, your session will expire in about 29 minutes.			
Part 1: Instructions				
 To cancel an exception, comp You may Edit and Print subn If you cancel an exception by Part 2: Premises Information	plete and submit this Exception Cancellation form. hitted Exception Cancellation forms from the Exceptions List Screen . mistake, you'll need to complete and submit a new Exception form.			
Name of Premises	ABC Medical			
Service Address	12345 Cleanwater Lane			
Premises Type or Category – Re 246-290-490(4)(b)	efer to Table 9 of WAC Hospitals, medical centers, nursing homes, veterinary, medical and dental clinics, and blood plasma centers			
Part 3: Cancellation Reason Select one. If more than one reaso	n applies, select Other or More Than One and describe in Comments.			
Out of Business				
O Change in Use of Premises				
O No Longer Meets Exception Criteria				
O Change in PWS Policy				
Other or More Than One				
Comments	Characters Left 255			

Renewing Exceptions

- To renew an Exception, click Renew and complete an Exception Renewal Form
- Make sure you select a Table 13 category from dropdown
- Complete all required fields on form
- Upon Submit, status on Exceptions List will change to Renewed

Renewal Form

Waltington State Department of Health	Exceptions to High-Hazard Premises Isolation Requirements (Green) Annual Summary Report (ASR) for 2017	
Office of Driving Water	PWS ID: 222222 PWS Name: Test System 2 County: Thurston	
Help	For security reasons, your session will expire in about 29 minutes.	Logout
Saved Renewed Exception.		
	Previous Page 1 Page 2 Next 📀	
 Part 1: Instructions Purveyors who grant excep Summary Report per WAC Complete and submit one for 	otions must complete and submit exception forms to the Department of Health (DOH) with t 246-290-490(4)(b)(iii). m for each new exception granted in the reporting year.	he Annual
Exception Status: Renewed from	m 2014	
Part 2: Premises Information		
~		

Ready to Submit All ASR Forms and Forms Package Certification and Submission Process

Complete Remaining ASR Forms

 Repeat data entry and Ready to Submit process on other required ASR forms (cream, gray, green)

Remember

- Blue form page 2 controls gray form access
- Blue form page 5 and cream form page 3 control access to new and past green forms
- When status of all forms = Ready to Submit, click Ready to Submit All ASR Forms button on Navigation Screen to trigger between form data error checks

Resolve Between-Form Data Errors

 If Data Errors Screen displays, resolve between-form data logic issues

Change data on either or both forms identified on the Data Errors Screen

 Repeat Ready to Submit All ASR Forms process until you resolve all between-form data errors

• See next slides for examples

Data Logic Between Forms (blue/gray_example)

• Data entry in either of these rows on page 2 of the blue form triggers a gray form requirement. User must submit a gray form to complete the ASR submission process.

On gray form, PWS must report 4 connections: 1 in nuclearrelated category and 3 in WWTP category

Dedicated irrigation systems using purveyor's water supply and chemical addition ⁴ aboratories Metal plating industries Petroleum processing or storage plants Piers and docks Radioactive material processing plants or nuclear reactors 1						_
Aboratories Metal plating industries Petroleum processing or storage plants Piers and docks Radioactive material processing plants or nuclear reactors 1	Dedicated irrigation systems using purveyor's wa	ater supply a	nd chemical a	addition ⁴		
Metal plating industries Petroleum processing or storage plants Piers and docks Radioactive material processing plants or nuclear reactors 1	Laboratories					
Petroleum processing or storage plants Piers and docks Radioactive material processing plants or nuclear reactors 1	Metal plating industries					
Piers and docks Radioactive material processing plants or nuclear reactors	Petroleum processing or storage plants					
Radioactive material processing plants or nuclear reactors	Piers and docks					
Survey access denied or restricted	Radioactive material processing plants or nuclea	r reactors			1	
survey access defined of restricted	Survey access denied or restricted					
Vastewater lift/pump stations (non-residential only)	Wastewater lift/pump stations (non-residential or	ıly)				
Vastewater treatment plants	Wastewater treatment plants				3	
Inapproved auxiliary water supply interconnected with potable water supply	Unapproved auxiliary water supply interconnecte	ed with potab	le water supp	oly		

Check ASR Form Status

• When you're done filling out required ASR forms, check Navigation Screen

• When each required ASR form's status = Ready to Submit, start the submit process

 Click Ready to Submit All ASR Forms on the Navigation Screen

Submit All ASR Forms

Ready to Submit All ASR Forms

When you're done filling out all your forms, select the Ready to Submit All ASR Forms button. The website will check your data within and between forms.

Ready to Submit All ASR Forms

Ready to Submit All ASR Forms triggers website to check data in and between forms

 If the Data Errors Screen displays, resolve all the errors listed

 Repeat Ready to Submit All ASR Forms process until ASR Forms Package Certification and Submission Screen displays

Between Form Data Error Example

Cream/Blue

 You have reported granting one or more new Exceptions on page 5 part 4B of the blue form, but have selected "No" on cream form section L for "PWS currently grants new Exceptions". This is a data logic error that must be corrected."

Blue Form Page 5 Cream Form Page 3

• Click on form page links to assess problem

 Correct one or both forms to fix the data logic error(s) between forms

 Click Ready to Submit on corrected form(s) and Ready to Submit All ASR Forms again

Certification and Submission Screen

Webington State Department of Health	ASR Forms Package Certification and Submission Scree Annual Summary Report (ASR) for 2017	n
Office of Deviding Writer	PWS ID: 111111 PWS Name: Test System 1 County: Thurston	
Help	For security reasons, your session will expire in about 29 minutes.	Logout
ASR Forms Package Certification and Submiss	on Screen	
CURRENT YEAR: 2017	View/Print Forms f	from Past Years
You're ready to cer Office of Drinking V	tify and submit your ASR Forms Packag Nater for this reporting year.	je to the
Notice!		
Per WAC 246-292-033(2)(f), a DO the purveyor's CCC-related repo	H-certified Cross-Connection Control Specialist (CCS) must completers including the Annual Summary Reports (ASRs).	te and sign
To complete the ASR certification and su	bmission process:	
1. Type your name in the certification	statement box.	
2. Affirm the certification statement by	clicking both checkboxes.	
3. Click the Submit ASR Forms Pack	tage button to submit your certified ASR forms to the Office of Drinking Water.	
I,, certit	ly that:	
□ I'm currently a DOH-certifie	d CCS and the water system's designated CCS/CCC Program Manag	ger.
and		
☐ The information in these A	SR forms is true, complete, and accurate to the best of my knowledg	e.
Submit ASR Forms Package		

Forms Package Submission Confirmation Screen

Wennington State Department of Health	ASR Forms Package Submission Confirmation Screen Annual Summary Report (ASR) for 2017				
Excitoremential Public Health Office of Denking Water	PWS ID: 111111 PWS Name: Test System 1 County: Thurston				
Help	For security reasons, your session will expire in about 29 minutes.				
ASR Forms Package Submission Confirmation S	creen				
CURRENT YEAR: 2017	View/Print Forms from Past Years				
Congratulations! Yo ASR Forms Packag	ou've successfully certified and submitted your e for this reporting year.				
 Save (or print) copies of your final ce 	ertified ASR forms for your water system files using the Print buttons on the Navigation Screen .				
 If you need to change one or more of 	of your submitted ASR forms:				
 Click the Unsubmit All ASR Forms button on the Navigation Screen. 					
 Use the Edit buttons to access the form(s) you need to change. 					
 When you're finished editing each 	ach form, click Ready to Submit .				
 When you've finished editing a submission process. 	Il your form(s), click the Ready to Submit All ASR Forms button to complete the certification and				
Navigation Screen					

Remember to save or print copies of final certified ASR forms for your PWS files

ASR Feedback Report

- Reports as an attachment to the submission confirmation email and available on ASR Website
- Used by utilities to correct errors in their reports
- Intended to help utilities and Department of Health staff evaluate the effectiveness of Cross-Connection Control program efforts

ASR Feedback Report (Continued)

• Displays historical annual data for:

- Status of Written CCC Program
- CCC for Severe Health Hazard Facilities
- CCC for High-Hazard Premises
- Backflow Preventer Inspection and Testing Data
- Hazard Surveys
- Backflow Incidents, Risk Factors, and Indicators

Status of Written CCC Program

Reporting Year	Year Last Updated	Percentage of Elements in the Written Program	Percentage of Elements Implemented
2023	01/01/2021	100%	100%
2022	01/01/2021	100%	100%
2021	01/01/2021	100%	100%
2020	05/18/2006	100%	100%
2019	05/18/2006	100%	100%

PWS's are expected to have complete written programs and full implementation (WAC 246-290-490(3)). Written CCC Program must be updated at least every 10 years.

CCC for Severe Health Hazard Facilities

Reporting Year	Number Served	Protected	Unprotected	Percent Protected
2023	5	4	1	80%
2022	5	4	1	80%
2021	5	4	1	80%
2020	5	4	1	80%
2019	4	4	0	100%

PWS's are expected to have 100% protection of Severe Health Hazard Premises (WAC 246-290-490(4)).

CCC for High-Hazard Premises

Reporting Year	Number Served	Protected by AG or RP	Exceptions Granted	Unprotected	Percent Protected
2023	1181	956	95	130	88%
2022	1135	933	91	111	89%
2021	1076	887	85	104	89%
2020	1014	778	78	158	83%
2019	798	579	46	173	76%

PWS's are expected to have 100% protection of High Hazard Premises (WAC 246-290-490(4)).

Backflow Preventer Inspection and Testing Data

Reporting Year	Number of Assemblies	Assemblies Tested	New Percentage Tested and Inspected
2023	36133	31148	86%
2022	35365	31029	87%
2021	34610	29705	85%
2020	32848	29034	88%
2019	31537	29148	92%

Inspection and testing of backflow assemblies, air gaps, and AVB's is vital for proper operation and protection (WAC 246-290-490(7)). Public Health performance goal is 100% testing.

Hazard Surveys

Reporting Year	Number of Connections	On-Site Surveys	Questionnaires	Percentage of Connections Evaluated
2023	210834	540	0	1%
2022	212956	540	0	1%
2021	215593	381	0	1%
2020	211988	378	0	1%
2019	210527	860	0	1%

Periodic hazard evaluations are vital to ensure backflow protection is commensurate to the degree of hazard (WAC 246-290-490(3)(c)). Hazard survey frequency is specified in the CCC Program.

Backflow Incidents, Risk Factors, and Indicators

Reporting Year	Backflow Incidents	Main Breaks / 100 Miles	Low-Pressure Events	Water Outages
2023	0	4.50	369	369
2022	0	4.50	369	369
2021	0	6.90	377	377
2020	0	4.81	301	301
2019	1	6.70	270	270

Increased frequency of backflow incidents, risk factors, and indicators may determine changes in maintenance practices or operational strategies.

ASR Helpful Hints
- To avoid data loss, don't let your session time out
- Make sure data is accurate, complete, and logical (within and between forms)
- Save (or print copies) of your final forms
- Call or email me if have any problems!
- This is a publicly disclosable document!

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- Unsubmitting all forms
- Use the comment section early and often.
- Use multiple email addresses

 Part 4B of Blue form. If you answer "No" to any questions, the website will gray out the related number fields

New Exceptions to Premises Isolation

Did your CCS grant any new premises isolation exceptions in 2023 to high-hazard premises?³ • Yes ONo Number 11

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• Table 13 is not all-inclusive

- Can't test more assemblies than you have
- Must have at least as many green forms as indicated number of exemptions granted on the blue form
- Cannot access gray forms unless you indicate you have a severe health hazard facility
- Must have at least as many gray forms as indicated facilities on the blue form.

- We base your access to new green forms on your answers to either of the following:
 - Blue form Page 5 Part 4B. If you report that your system granted new premises isolation exceptions in the reporting year, you'll have access to new green forms.
 - Cream form Page 3 Part 1L. If you select the "Yes" radio button on row 2, you'll have access to new green forms. See Q-I-9 form more information on Part 1L of the cream form.

Compliance Activities

2025 High Health Hazard Facilities

- Radioactive/nuclear facilities
- Wastewater treatment plants
- Wastewater pump/lift stations
- Premises with both potable and reclaimed water
- Hospitals
- Day surgery facilities
- Childbirth centers
- Kidney dialysis centers
- Blood and plasma centers
- Mortuaries
- Morgues and autopsy
- Ounapproved auxiliary water supplies interconnected
- ¹¹³ ODedicated irrigation lines with chemical addition

2026

- Outpatient clinics
- Laboratories
- Veterinarian hospitals and clinics
- Fire protection using chemicals or unapproved auxiliary supplies
- Chemical plants

2027

• Dental clinics

- Food processing facilities
- Beverage bottling plants
- Survey restricted or denied
- Metal plating industries

2028

- Chiropractors
- Alternate Health clinics
- Other medical facilities
- Residential treatment facilities
- Petroleum processing and storage

2029

- Piers and docks
- Commercial laundries/dry cleaners
- Car washes
- Hospice care facilities
- Other

2030

- Agriculture and farms
- •Boarding homes
- •Nursing homes
- Psychiatric clinics
- Film processing facilities

Bringing in Smaller Systems

Notification, Submittal and Compliance Schedule for New ASR Systems

System Size	# of	1-Yr Advance	Submit	Informal	Table 9
(connections)	PWSs	Notice of	ASR	Warning	Compliance
750-999	45	2018	2019	2020	2021
500-749	75	2019	2020	2021	2022
250-499	155	2020	2021	2022	2023
100-249	360	2021	2022	2023	2024
Total	635				

Contact Information



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