Cross Connection Control Plan

Submitted to Nova Scotia Environment on behalf of

|  |  |
| --- | --- |
| **Facility Name** |  |
| **Approval Number** |  |
| **Treatment Facility Address** |  |
| **Contact Name** |  |
| **Telephone Number** |  |

I hereby certify that the information provided in this report is complete, accurate and in accordance with the requirements outlined in the Nova Scotia Environment’s “*A Guide to Assist Nova Scotia Municipal Water Works Develop a Cross Connection Control Program*”.

Signature

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date Submitted** |  |

# Program Framework

|  |  |
| --- | --- |
| Program Scope | Complete  In Development  Not started |
| Overview of Authority | Complete  In Development  Not started |
| Roles & Responsibilities | Complete  In Development  Not started |
| Hazard Classification (refer to Appendix A of the Guide) | Complete  In Development  Not started |
| Survey of Facilities | Complete  In Development  Not started |
| Program Administration | Complete  In Development  Not started |
| Public Education Plant | Complete  In Development  Not started |
| Click or tap to add additional program components, as applicable | Complete  In Development  Not started |
| Click or tap to add additional program components, as applicable | Complete  In Development  Not started |
| Click or tap to add additional program components, as applicable | Complete  In Development  Not started |

*If completed, please attach/append the document at the back of this report*

*If it is not started or if it is in development, outline your action plan to address the deficiencies below in the* ***Implementation Schedule*** *(Section 4) below.*

# Program Budget

## Program Development

Click or tap here to enter text to insert your budget for initial program development costs. A detailed budget is not required for this submission.

## On-going Operational Costs

Click or tap here to enter text to insert your budget for on-going annual operating costs. A detailed budget is not required for this submission.

# Proof of Authority

Do you have the required authority to implement a Cross Connection Control Program in accordance with the requirements outlined in the *Guide*?  Yes  No

If Yes, attach a copy of your by-law (or equivalent) and confirm it addresses each of the following criteria with reference to the applicable section in your by-law (or equivalent):

|  |  |
| --- | --- |
| Criteria | Section Reference |
| Cross connections are prohibited | Insert Section Reference here. |
| Backflow prevention devices must be acceptable to the owner of the water supply | Insert Section Reference here. |
| Reference to CSA/NPC standards | Insert Section Reference here. |
| Inspection, testing and reporting requirements | Insert Section Reference here. |
| Notification requirements (backflow incidents, failure in testing) | Insert Section Reference here. |
| Compliance activities and timelines | Insert Section Reference here. |
| Consequences for not adhering to the conditions outlined | Insert Section Reference here. |
| Outline water supply owner’s right to access a building to conduct a survey and hazard assessment or inspect backflow prevention devices for existing buildings and new construction | Insert Section Reference here. |
| Certification/licensing requirements | Insert Section Reference here. |
| Responsibility of consumer regarding installation/maintenance/ installation costs | Insert Section Reference here. |

*If your authority does not address all of the above, outline your action plan to address deficiencies in the* ***Implementation Schedule*** *(Section 4) below.*

# Implementation Schedule

|  |  |
| --- | --- |
| Program Component | Timeline |
| Program Framework  Click or tap to insert items not yet started or in development as identified in Section 1. | Click or tap to insert proposed timeline for each program component identified. |
| Authority to Enforce Program  Click or tap to insert deficiencies as identified in Section 3 or, if no authority exists, outlined milestones for establishing authority. | Click or tap to insert proposed timeline for each deficiency or milestone identified. |
| Survey of Facilities/ Customers  Severe/High Risk Facilities  Click or tap to insert additional details/information.  Moderate Risk Facilities  Click or tap to insert additional details/information. | Click or tap to insert proposed timeline for each program component identified. |
| Public Education  Click or tap to indicate who will be contacted and how. | Insert proposed timeline for each program component identified. |
| Backflow Incident Response Procedure  *If possible, include a map showing the location of severe and moderate risk facilities, pressure zones and key isolation valves.*  Click or tap to insert additional details/information. If procedure is complete, attach a copy to your submission. | Click or tap to insert proposed timeline for procedure development if not yet complete |