

**CITY OF REED CITY
DRINKING
WATER SUPPLY**

**CROSS CONNECTION
CONTROL PROGRAM
WSSN: 05650**

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INTRODUCTION

In accordance with the State of Michigan Department of Environmental Quality, Resource Management Division, The City of Reed City proclaims this cross connection control program as a continuing effort to maintain pure, clean safe potable drinking water. By reference to the State of Michigan Public Act 399, 1976 As Amended, Rule #325.11401 through #325.11407 of the Administrative Code, City of Reed City Water Ordinance Section #1040.18, we hereby establish the City of Reed City Drinking Water Supply Cross Connection Control Program". This program shall take effect upon approval of the Michigan Department of Environmental Quality, Resource Management Division and adoption by the City of Reed City Council on this _____ day, month of _____, 2011.

LOCAL ORDINANCE

Pursuant to City of Reed City Water Ordinance Section #1040.18, Adopted in the Month of February, on the 18th day of 1981 and as amended hereafter, the City has the legal authority to execute a cross connection control program. The following Resolution specifies the conduct of the City of Reed City employees and management of the cross connection control program.

CITY OF REED CITY
RESOLUTION ESTABLISHING A COMPREHENSIVE CONTROL
PROGRAM FOR THE INSPECTION, DETECTION, PREVENTION AND
ELIMINATION OF CROSS CONNECTIONS

WHEREAS the Michigan Department of Environmental Quality has adopted rules and regulations pursuant to the Safe Drinking Water Act P.A. 399, As Amended, MCLA 325.1001 et seq. being R 325.11401 through R 325.11407 concerning cross connections which City of Reed City has adopted by reference pursuant to City Ordinance, Section 1040.18 as amended.

WHEREAS administrative rule 325.11404 requires the city to develop a comprehensive control program for the elimination and prevention of all cross connections; and

WHEREAS City of Reed City has determined to adopt a program to promote and protect the public health, safety and welfare by preventing and eliminating cross connections in the public water system to prevent contamination of the public water supply; and

NOW THEREFORE, IT IS RESOLVED

1. City of Reed city adopts the Cross Connection Control Program in the form attached hereto. Attached to the Cross Connection Control Program is the Cross Connection Control Rules Manual published by the Michigan Department of Environmental Quality and the Michigan Commercial/Residential Plumbing Code both of which are incorporated into the Cross Connection Control Program by reference.
2. City of Reed City shall review this program from time to time with the Michigan Department of Environmental Quality, Osceola County Health Department, Osceola County Plumbing/Mechanical Inspection Department and shall adopt revisions from time to time which shall also be subject to City Council approval through further resolutions.

CERTIFICATE

The under signed hereby certifies that she is the Clerk for the City of Reed City and that the forgoing Resolution was duly adopted by the City of Reed City Council on this _____ day of _____, 2011 at a regular meeting of said council in accordance with law and the records thereof will be maintained in accordance with law.

City Clerk

LOCAL AUTHORITY

City of Reed City and the Department of Public Works Superintendent shall be the authority and administrator of the cross connection control program. This shall include:

Inspections

Requirements

Re-inspections

Public Relations

Legal Requests

Filing and Records

Reports to State and Local Agencies

PROGRAM APPROVAL

The procedures of this program shall take effect upon approval by the Michigan Department of Environmental Quality, Resource Management Division and the City of Reed City Council.

DESIGNATED AGENT/APPROVED SURVEYOR

The designated Agent/Approved Surveyor shall be designated by the City of Reed City Council. The designated Agent/Approved Surveyor must meet one or more of the following qualifications:

Must meet the American Society of Sanitary Engineer Standard (ASSE) 5020 and completed their Cross Connection Inspector Course.

Must possess a certificate of completion from one of the following:

USC Cross Connection Control Specialist Course

Treco Cross Connection Control Program Manager Course

Must be employed by the Water Department (or had been employed in the capacity of exercising/managing a cross connection control program for another water utility) and must meet the qualifications and training requirements as determined by the City of Reed City Council.

If an outside contractor is utilized to execute any portion of the program, City of Reed City shall have the right to dictate bonding/insurance requirements.

The Authority/Agent shall conduct this cross connection control program in accordance with all Local Plumbing/Mechanical Codes, Michigan Department of Environmental Quality Cross Connection Control Rules Manual, MiOSHA Sanitation Standard 4201, Osceola County Health Department Standards relating to cross connection control and any other applicable laws that affect public health protection through cross connection control.

PROGRAM CONDUCT

EDUCATION

Educational materials (brochures) shall be made available to the public by either mailing or having available at the City Office. Any meetings that may be held with the water customers shall be held at least 30 days before the initial surveys begin.

INSPECTIONS

Each facility (residential/commercial) will be initially surveyed and periodically re-inspected based upon their degree of plumbing hazards associated with their drinking water plumbing. Refusal of entry shall be enforced by the City of Reed City and the Department of Public Works Superintendent as outlined in the enforcement section of this program.

Any potential and/or existing cross connections found will be eliminated in compliance with all applicable codes and rules at the expense of each owner of the inspected facility.

The Authority/Agent shall determine the time frame for compliance with any order for the installation of backflow prevention devices/assemblies/re-plumbing. If compliance with any order is not met within the time frame as established by the Authority/Agent, enforcement of this Cross Connection Control Program shall be by a Containment Order, or termination of water service to the premises or, as a violation of the City Water Ordinance.

After the initial survey, each testable backflow prevention assembly that is inventoried and /or required to be installed, shall be tested and certified by a Michigan Certified Backflow Preventer Tester at the facility owners expense at a minimum, **annually** pursuant to the Michigan Plumbing Code.

RE-INSPECTIONS/DEGREE OF HAZARD DETERMINATION

Re-inspections shall be based upon the complexity of the facilities internal plumbing, plumbing change frequency and the potential for backsiphonage/backpressure of contaminants/pollutants into the potable water supply.

LOW - Little or no plumbing changes over a five year period. Re-inspections are every five to ten years.

HIGH - Frequent plumbing changes, facility operations present a high potential of contamination to the drinking water distribution system through activities such as commercial laundries, medical activities, human waste removal etc... Re-inspections are at annual intervals or more often.

NEW WATER SERVICE INSPECTIONS

The Authority/Agent shall review with the Developer/Contractor and PLUMBING INSPECTOR, plumbing plans for backflow prevention and to coordinate the City's initial Cross Connection Control Survey after the final Plumbing Inspection has been completed by the Osceola County Plumbing/Mechanical Inspector.

PIPING IDENTIFICATION

The Authority/Agent shall require a facility to identify their internal piping configurations in accordance with the following:

Michigan Department of Environmental Quality Cross Connection Control Rules
Manual, Section 14.11

Michigan Occupational Health and Safety Administration, Occupational Health Rule,
Sanitation Standard 4201, section 2, part (b) and (i)

PERTINENT PIPING INFORMATION REQUEST

The Authority/Agent has the legal right to request PERTINENT piping information or information relating to a specific point of use within a facility in relation to cross connection control. The Authority/Agent can issue a **PERTINENT PIPING INFORMATION** request to a facility if it meets one or more of the following criteria:

Facility is large in size and will take a considerable amount of time to survey/inspect.

Piping configurations are too complicated to survey.

Inadequate piping identification.

Facility is in a joint partnership with the City for the elimination/prevention of cross connections to the end tap.

Facility changes their plumbing configurations within a one year period.

The request shall contain the reason for the request, requirements for the party providing the piping information (normally contracted by the facility and needs to meet the same requirements the City has adopted within this program's surveyor qualifications), time allocated for submission of the piping request. Failure to comply with the request shall result in the City ordering containment of the facility to protect the integrity of the drinking water distribution system.

CONTAINMENT

The protection of the drinking water distribution system is the priority of the City of Reed City. Water service line protection is a means that will contain a facility and yet, protect the other users of the water system. Containment can be ordered for any one of the following reasons:

Refusal of entry to a facility.

Non-Compliance with the required installation of backflow prevention assemblies within the time frame determined by the Authority/Agent.

Failure to have tested/repaired/certification of their respective backflow prevention assemblies within the time frame determined by the Authority/Agent.

Failure to comply with the Pertinent Piping Requests.

If a facility is contained, the annual testing/certification notice shall inform the owner that they are still responsible for providing potable water to their employees and/or the public per MiOSHA Sanitation Standard 4201 and the Michigan Department of Environmental Quality, Cross Connection Control Rules Manual.

ENFORCEMENT

Termination of Water Service to the Water Customer **without** notice shall be for the following reason(s):

An immediate health threat to the public through a cross connection that cannot be rectified immediately.

Refusal of entry to the premises during normal business hours.

Termination of Water Service to the Water Customer **with** a notice shall be for the following reasons:

Refusal of Entry to the premises due to a non-response of any written communication from the Authority/Agent utilizing the "Return Receipt" method of delivery from the United States Postal Service.

Failure to install backflow prevention devices/assemblies within the time frame ordered by the Authority/Agent.

Failure to test/repair/certify backflow prevention assemblies within the time line ordered by the Authority/Agent.

REPORTS

All paperwork and/or data collected in the inspection/testing schedules shall be maintained by the City of Reed City or their designated Agent/Surveyor and shall be made available upon request for review and/or auditing purposes.

The Michigan Department of Environmental Quality Annual Cross Connection Control Report shall be made available to the public and mailed to the MDEQ District Office by March 31st of each year.

CHARTS

DEGREE OF HAZARD/RE-INSPECTION DETERMINATION

(Examples)

HIGH - ONE TO EVERY TWO YEAR RE-INSPECTIONS

Funeral Home/mortuary
Veterinarian Clinics
Medical/Surgery Facility
Dentist
Marinas
Wastewater Treatment Plants
Water Filtration Plants
Plating Facilities/Stamping Plants/Manufacturing
Printing Presses
Car Washes
Photo Developing
Laboratories
Green Houses/Nurseries
Garages
Nursing Homes/Foster Care Facilities

LOW - EVERY FIVE TO TEN YEARS

Apartment Complexes
Retail Stores (with water closets only)
Residential Housing/Condominiums
Schools
Food Establishments
Grocery Stores
Public Meeting Places

These are only some examples. It should be noted that all underground irrigation systems are classified as high hazard connections however; low/high re-inspection frequency may be different because the entire facility may be classified as low due to little or no plumbing changes example, a residential dwelling.

SAMPLE FIELD FORMS

Testing/Certification Form

On-Site Survey Form

Cross-Connection Survey Form

Date:

Account No: _____ Surveyed By: _____

Name of Premise: _____

Service Address: _____ City: _____ ZIP: _____

Contact Person: _____ Phone: _____ Other Phone: _____

Type of Water Use: Industrial Commercial Governmental Other

Location of Service: _____

Size of Service: _____ Inch Metered? Yes No

Require non-interrupted water service? Yes No

Does Boiler Feed utilize chemical additives? Yes No

Is Backflow Protection incorporated? Yes No

Are air conditioning cooling towers utilized? Yes No

Is Backflow Protection incorporated? Yes No

Is a Water Saver utilized on condensing lines or cooling towers? N/A Yes No

Is the make-up supply line backflow protected? Yes No

Is process water in use, and if so, is it potable supply water or Raw N/A Potable

Raw Protected Unprotected

Is fire protection water separate from the potable supply? Yes No

Are Containment Devices (for Premises Isolation) in place? Yes No

Summary

Degree of Hazard: High Low

Type of Device recommended for containment: RBPA RPDA DCVA

DCDA None

Fixture Outlet protection required? Yes No

Changes required: Yes No Entered:

REMARKS:

SAMPLE NOTICES

Survey Notification

1st Non-Compliance Notice

2nd Non-Compliance Notice

3rd Non Compliance Notice

Shut Off Notice

1st Testing Notice

2nd Testing Notice

Containment Order

Containment Device Testing Notice

Pertinent Piping Information Request Letter

Note: All Notices are printed on City of Reed City letterhead.

1st Testing Notice

Facility

Date

Contact Person

Address

City, State Zip Code

Re: Annual Backflow Preventer Testing/Certification

Dear Mr./Mrs:

In order to protect the safety of the City of Reed City municipal water supply, the backflow prevention assembly(s) at the above location are required to be tested and certified by a Michigan Certified Tester on an annual basis.

Attached is a Device Test Form, please contact a Certified Backflow Prevention Assembly tester and have them certify the device(s). After the work is completed, please return the completed test form to the City office on or before **(date)**.

If you have any questions, please contact the City office at (231) 832-2245 Monday thru Friday, 9 am. - 4 pm. Your cooperation with this matter is greatly appreciated.

Sincerely

2nd Testing Notice

Facility

Date

Contact Person

Address

City, State Zip Code

RE: Testing/Certification Overdue Notice

Dear Mr./Mrs:

On *(date)* you were notified of the annual testing/certification of the backflow prevention assembly(s) at the above location. As of the date of this notice, the City office has not received the completed Device Test Form. Please have the backflow prevention assembly(s) tested and certified on or before *(date)* to avoid discontinuance of water service for failing to have the device(s) tested and certified.

If the device(s) have already been tested/certified, please contact the tester and have them mail the completed forms to the City of Reed City Office.

Sincerely

Initial Survey Notice

Facility

Date

Contact Person

Address

City, State Zip Code

RE: Cross Connection Control Survey

Dear Mr./Mrs:

In order for the City of Reed City to comply with Michigan's Safe Drinking Water Act, PA 399, 1976 as amended, periodic surveys of the water customer drinking water plumbing systems and associated points of use have to be completed. The reason for this survey is to detect any plumbing arrangement that may pose a possible health risk due to backflow/backsiphonage thru submerged inlets, unprotected boilers, underground irrigation systems etc...

During the survey, you will be presented with an educational brochure and asked a few questions about your plumbing system. Your cooperation will be greatly appreciated in our effort to protect the safety of the City's drinking water supply. The survey is scheduled for *(date)* and may be a day or two earlier or later depending on our work load.

If you have any questions, or would like to schedule an appointment, please contact the City office at (231) 832-2245 Monday thru Friday, 9 am. - 4 pm.

Sincerely

1st Non-Compliance Notice

Facility

Date

Contact Person

Address

City, State Zip Code

RE: Cross Connection Control Requirement(s)

Dear Mr./Mrs:

During the recent Cross Connection Control Survey, the City inspector identified the following item(s) that need to be corrected:

(description of finding and corrective action needed)

In order to protect the safety of the City's drinking water supply, you have until **(date)** to have the item(s) noted above corrected.

If you have any questions, please contact the City office at (231) 832-2245 Monday thru Friday, 9 am. - 4 pm.

Sincerely

2nd Non-Compliance Notice

Facility

Date

Contact Person

Address

City, State Zip Code

RE: Cross Connection Control Requirement(s)

Dear Mr./Mrs:

You were mailed a notice on *(date)* that identified corrections to your plumbing system as identified by the City inspector. As of this date, no action has been noted on the following item(s) that need to be corrected:

(description of finding and corrective action needed)

In order to protect the safety of the City's drinking water supply, you have until *(date)* to have the item(s) noted above corrected.

If you have any questions, please contact the City office at (231) 832 2245 Monday thru Friday, 9 am. - 4 pm.

Sincerely

3rd Non-Compliance Notice

Facility

Date

Contact Person

Address

City, State Zip Code

RE: Cross Connection Control Requirement(s)

Dear Mr./Mrs:

You were mailed a notice on *(date)* and again on *(date)* that identified corrections needed to your plumbing system as identified by our inspector. As of this date, no action has been noted on the following item(s) that need corrected:

(description of finding and corrective action needed)

In order to protect the safety of the City's drinking water supply, you have until *(date)* to have the item(s) noted above corrected to avoid discontinuance of your water service.

If you have any questions, please contact the City office at (231) 832-2245 Monday thru Friday 9 am. - 4 pm.

Sincerely

Shut Off Notice

Facility

Date

Contact Person

Address

City, State Zip Code

RE: Cross Connection Control Requirement(s)

Dear Mr./Mrs:

You were mailed a notice on *(date)*, *(date)* and again on *(date)* that identified corrections to your plumbing system as identified by the City inspector. As of this date, no action has been noted on the following item(s) that need to be corrected:

description of finding and corrective action needed or for failure to test/certify backflow prevention assembly(s)

In order to protect the safety of the City's drinking water supply, you are being notified that your water service is scheduled to be shut off on *(date)* and will remain off until the item(s) noted above are resolved to our satisfaction.

If you have any questions, please contact the City office at (231) 832-2245, Monday thru Friday, 9 am. - 4 pm.

By Order Of:

Mayor

CONTAINMENT ORDER

Facility

Date

Contact Person

Address

City, State Zip Code

RE: Containment Order

Dear Mr./Mrs:

In order to protect the safety of City of Reed City drinking water supply, the drinking water plumbing configuration within your facility or changes thereto, has warranted this order by the City of Reed City.

You are hereby ordered to install containment device(s) (Reduced Pressure Backflow Prevention Assembly(s)) after the water meter and in a location that is accessible and free from potential flooding. These containment device(s) are to be in place by **(date)** or the City shall have the right to have it installed at your expense or terminate your water service.

The containment device(s) are to be tested on an annual basis and does not relieve your facility the responsibility of having to provide potable water to employees and or the public in accordance with **MiOSHA Sanitation Standard 4201**.

Sincerely

Mayor

TESTING OF CONTAINMENT DEVICE(S)

Facility

Date

Contact Person

Address

City, State Zip Code

RE: Annual Testing/Certification of Backflow Prevention Assembly(s)

Dear Mr./Mrs:

In order to protect the safety of the City of Reed City drinking water supply, the containment device(s) (Reduced Pressure Backflow Prevention Assembly(s) installed after the water meter needs to be tested/certified by a Michigan Certified Backflow Prevention Assembly Tester on or before *(date)*.

The containment device(s) are to be tested on an annual basis and does not relieve your facility of their responsibility of having to provide potable water to any employees and or the public in accordance with **MiOSHA Sanitation Standard 4201**.

Sincerely

PERTINENT PIPING INFORMATION REQUEST LETTER

Facility

Date

Contact Person

Address

City, State Zip Code

RE: Pertinent Piping Information Request

Dear Mr./Mrs:

In order to protect the safety of the City of Reed City drinking water supply, the plumbing configuration within your facility or changes thereto, has warranted this order by the City of Reed City.

You are hereby ordered to have a survey of the drinking water plumbing system within the confines of your facility. The survey shall identify any existing and or potential cross connections between the potable water plumbing system and any non-potable source, and provide a time line for correcting any noted deficiencies. The contracted surveyor shall meet the qualifications of the **City of Reed City Cross Connection Control Program, section 3,"Designated Agent/Approved Surveyor"**. Furthermore, any testable backflow prevention assemblies shall be inventoried and scheduled for testing/certification before the deadline of this request. The backflow prevention assemblies are to be tested on an annual basis hereafter.

You have until *(date)* to provide the result of the cross connection control survey to the City office. Failure to comply with this request shall result in the issuance of a Facility Containment Order.

If you have any questions, you can contact the City office at (231) 832-2245 Monday thru Friday, 9 am. - 4 pm.

Sincerely

Mayor