



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY

Drinking Water and Environmental Health Division

2025 WATER SUPPLY CROSS CONNECTION REPORT

Issued under authority of 1976 PA 399, as amended, MCL 325.1001 et seq., and its administrative rules. Failure to submit this form is a violation of the Act and may subject the water supply to enforcement actions.

Return the completed form by March 31, 2026, to the appropriate Department of Environment, Great Lakes, and Energy (EGLE) district office to comply with administrative Rule R 325.11404 that states *“a water utility shall report annually to the department on the status of the cross connection control program on a form provided by the department.”*

	WSSN:	7231
A. Name of water system:	Yankee Springs Township	County: Barry
B. Year that the current written cross connection control program was approved by EGLE:	20018	
C. Total number of industrial, commercial, institutional, residential, and governmental accounts that must be routinely reinspected for cross connections:	8	
Of this number,		
- How many are High Hazard accounts:	3	Frequency of Reinspection: Once per: Year
- How many are Low Hazard accounts:	5	Frequency of Reinspection: Once per: Year
D. Number of accounts from line “C” that received an initial inspection in 2025:	0	
E. Total number of reinspections required and completed in 2025 based on degree of hazard:		
- High hazard reinspections required:	3	High hazard reinspections completed: 3
- Low hazard reinspections required:	5	Low hazard reinspections completed: 5
F. Number of accounts where a cross connection(s) was found to exist during inspections or reinspections in 2025:	0	
G. Number of accounts from line “F” where corrective actions have been completed:	N/A	
H. Total number of accounts from line “C” which are now in compliance with the local cross connection control program; $H = C - (F - G)$:	8	
I. Total number of backflow prevention devices in the system requiring testing:	3	
J. Number of backflow prevention devices tested in 2025:	0	

Briefly outline any changes or significant findings since last reporting. Use additional sheets if needed.

Narrative Description of Program:

Name: Larry Knowles

Title: GLASWA Director Date: 01/15/2026