





## 2023 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

	ease fill out the Annual Summary Report accurately and completely with data from 2023. Keep a completed by for your records.
PL	EASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.
Em	turn completed reports by March 31, 2024 nail: cross.connection@odhsoha.oregon.gov, Fax: 971-673-0694 nil: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293
1.	Water System Name: NAUVOO MOBILE ESTATES PWS ID# 41-00052
2.	What size is your water system?  Small (1-299 connections)  Large (300+ connections)
3.	ASR Contact Information: (if there are questions about the ASR who should we contact?)  Name: CINDY AND LAUREN GERBER
	Email: gerbercdg@charter.net Phone #: 541-601-2727
4.	Customer Base: Who does your water system serve? Count each service connection only once, include connections with and without a backflow assembly.
	a. Do you have any residential connections in your water system?   Yes No How many: 49
	b. Do you have any high hazard connections in your water system? Yes No How many:
	c. Do you have any other types of connections not listed above?
Со	omments:
<u> </u>	An enabling authority is required for all community water systems. The enabling authority allows for a
	water system to discontinue service for various reasons. A sample enabling authority is available for small water systems on our website: <a href="www.healthoregon.org/crossconnection">www.healthoregon.org/crossconnection</a> . If you have not submitted an enabling authority to the State, please complete one and submit it as soon as possible.
6. 7.	Does your water system have an enabling authority?  Yes  No (see note above)  Was your enabling authority revised within the last year?  Yes, email a copy to the Cross Connection program cross.connection@odhsoha.oregon.gov

Certified Cross Connection Specialist  ☐ Water system Employee ☐ Contra	Information: acted service	
Name:	Cert #:	
Email Address:	Phone #:	
Does your water system have a curren	nt written backflow prevention program plan?	☐ Yes ☐No
0. Does the <u>backflow prevention plan</u> inc	clude the following:	
	ross connections exist, including, but not limited to,	Yes No
b. Procedure for continually evaluating a premises.	the degree of hazard posed by a water users	Yes No
	er if a non-health hazard or health hazard is er user of any corrective action required.	Yes No
	event backflow into the public water supply, and that exists on the water user's premises.	Yes No
e. A description of what corrective action with the water suppliers cross connections.	ons will be taken if a water user fails to comply ction control requirements.	Yes N
	w prevention assemblies installed, inspections on of current backflow assembly tester certification	Yes No
g. A public education program about cro	oss connection control.	Yes No
	· · · · · · · · · · · · · · · · · · ·	
1. Do you have any Reduced Pressure Backf water system? Yes No (if you answer	flow Prevention Assemblies (RP, RPBA, & RPDA) is red yes, answer the questions below)	nstalled in your
a. How many assemblies are installed in y	·	
b. How many assemblies were tested?	·	
c. How many assemblies passed their annual	ual test?	
d. How many assemblies failed their annu	nal test?	
Comments:		

12. Do	you have any Double Check Backflow Prevention Assemblies (DC, DCVA, & 2	DCDA) installed in your water
sys	stem? 🔳 Yes 🔲 No 🧪 (if you answered yes, answer the questions below)	
a.	How many assemblies are installed in your water system?	3
b.	How many assemblies were tested?	3
c.	How many assemblies passed their annual test?	3
d.	How many assemblies failed their annual test?	0
e.	Comments:	
13. Do	you have any Pressure Vacuum Breaker Assemblies (PVB, PVBA, & SVBA) i	nstalled in your water system?
·. 🗖	Yes No (if you answered yes, answer the questions below)	
a.	How many assemblies are installed in your water system?	
ъ.	How many assemblies were tested?	
c.	How many assemblies passed their annual test?	
d.	How many assemblies failed their annual test?	
e.	Comments:	
		· · · · · · · · · · · · · · · · · · ·
	fy the information provided is true to the best of my knowledge. Providing ites to the individual and to the water system.	false information may result in
Printe	ed Name: CINDY GERBER	ritle: OWNER
Signa	ture: Condy Merken I	Date: 3/28/24

Return completed reports by March 31, 2024. Email: <a href="mailto:cross.connection@odhsoha.oregon.gov">cross.connection@odhsoha.oregon.gov</a>, Fax: 971-673-0694 or Mail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293

Questions? cross.connection@odhsoha.oregon.gov or 971-673-0321

& Drinking Water Updates

If you would like to receive the Pipeline newsletter, in addition to other important notifications sign up for Drinking Water Email Alerts! Go to <a href="https://www.healthoregon.org/dws">www.healthoregon.org/dws</a> and click on the 'Sign Up for DWS News' button!

To get Cross Connection notifications, go to <a href="www.healthoregon.org/crossconnection">www.healthoregon.org/crossconnection</a> and click on the 'Sign Up for Cross Connection News'

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(041) //			LOW A		•			PORT			· Ħ·	REPLACED	
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ADDRESS						_		OR		:	71P: \$	97502-	
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79-8927  BACKFI Y CINDY (  715 E P  CENTR Y 2020 99 A Z DCVA  COO MA  RIVEYOR A	LOW ASSEM GERBER INE ST AL POINT HWY N C RPDA	DCDA	STATE	OR ASHL	AND	Ri NE: <u>(54*</u> ZIP: <u>9</u>	emoved eplaced 1) 601-2 07502-	<u>727</u>
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