



**2023 ANNUAL SUMMARY REPORT
CROSS CONNECTION & BACKFLOW PREVENTION**

Please fill out the Annual Summary Report accurately and completely with data from 2023. Keep a completed copy for your records.

PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.

Return completed reports by **March 31, 2024**

Email: cross.connection@odhsoha.oregon.gov, Fax: 971-673-0694

Mail: 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? Yes No How many: _____

Comments: _____

5. 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: www.healthoregon.org/crossconnection. If you have not submitted an enabling authority to the State, please complete one and submit it as soon as possible.

6. Does your water system have an **enabling authority**? Yes No (see note above)

7. Was your enabling authority revised within the last year?

Yes, email a copy to the Cross Connection program cross.connection@odhsoha.oregon.gov

No

QUESTIONS 8 - 10 are for **LARGE SYSTEMS ONLY** (Large = 300+ Service Connections) and are specific to the required written backflow prevention program plan outlined in OAR 333-061-0070(9)(b)

8. Certified Cross Connection Specialist Information:

- Water system Employee Contracted service

Name: _____ Cert #: _____

Email Address: _____ Phone #: _____

9. Does your water system have a current written backflow prevention program plan? Yes No

10. Does the backflow prevention plan include the following:

- a. A list of premises where health hazard cross connections exist, including, but not limited to, those listed in Table 42 (High Hazard Table). Yes No
- b. Procedure for continually evaluating the degree of hazard posed by a water users premises. Yes No
- c. Procedure for notifying the water user if a non-health hazard or health hazard is identified, and for informing the water user of any corrective action required. Yes No
- d. The type of protection required to prevent backflow into the public water supply, commensurate with the degree of hazard that exists on the water user's premises. Yes No
- e. A description of what corrective actions will be taken if a water user fails to comply with the water suppliers cross connection control requirements. Yes No
- f. Current records of approved backflow prevention assemblies installed, inspections completed, test results, and verification of current backflow assembly tester certification. Yes No
- g. A public education program about cross connection control. Yes No

11. Do you have any **Reduced Pressure Backflow Prevention Assemblies (RP, RPBA, & RPDA)** installed in your water system? Yes No *(if you answered yes, answer the questions below)*

- a. How many assemblies are installed in your water system? _____
- b. How many assemblies were tested? _____
- c. How many assemblies passed their annual test? _____
- d. How many assemblies failed their annual test? _____

Comments: _____

12. Do you have any **Double Check Backflow Prevention Assemblies (DC, DCVA, & DCDA)** installed in your water system? 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)** installed in your water system? Yes No (if you answered yes, answer the questions below)

- a. How many assemblies are installed in your water system? _____
- b. How many assemblies were tested? _____
- c. How many assemblies passed their annual test? _____
- d. How many assemblies failed their annual test? _____
- e. Comments: _____

I certify the information provided is true to the best of my knowledge. Providing false information may result in penalties to the individual and to the water system.

Printed Name: CINDY GERBER Title: OWNER

Signature:  Date: 3/28/24

Return completed reports by **March 31, 2024**. Email: cross.connection@odhsoha.oregon.gov, 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 www.healthoregon.org/dws and click on the **'Sign Up for DWS News'** button!

To get Cross Connection notifications, go to www.healthoregon.org/crossconnection and click on the **'Sign Up for Cross Connection News'**

SO BACKFLOW TECHS

5247-1

PO BOX 1545
MEDFORD OR 97501
(541) 779-8927

934 NW COOKE AVE
GRANTS PASS OR 97526
(541) 472-0280

- NEW
- EXISTING
- REMOVED
- REPLACED

BACKFLOW ASSEMBLY TEST REPORT

PHONE: (541) 601-2727

PROPERTY OWNER: CINDY GERBER
MAILING ADDRESS: 715 E PINE ST

CITY: CENTRAL POINT STATE: OR ZIP: 97502-
ASSEMBLY ADDRESS: 2020 99 HWY N ASHLAND OR

- RPBA
- DCVA
- RPDA
- DCDA
- PVBA
- SVBA
- AVB
- AIR GAP

SIZE: 2.00 MAKE: WATTS MODEL: LF007M1QT

WATER PURVEYOR: ASHLAND SERIAL NUMBER: 050252

ASSEMBLY LOCATION: RIGHT AFTER PARK AT END IN SHED

REDUCED PRESSURE ASSEMBLY

PVBA / SVBA

| | | | | | |
|----------------------|--|---|--|--------------------------------------|--|
| INITIAL TEST RESULTS | #1 Check Press Drop | DOUBLE CHECK CHECK #1 | AIR INLET OPENED AT | CHECK PRESS DROP | PASS <input checked="" type="checkbox"/> |
| | Roll off Opened At | TIGHT LEAKED <input checked="" type="checkbox"/> | | | FAIL <input type="checkbox"/> |
| | <input type="checkbox"/> RELIEF VALVE PASS | CHECK #2 TIGHT LEAKED <input checked="" type="checkbox"/> | PSID DID NOT OPEN <input type="checkbox"/> | PSID FAILED <input type="checkbox"/> | DATE: <u>3/27/2024</u> |
| | <input type="checkbox"/> RELIEF VALVE FAIL | | | | SYSTEM PSI: <u>50</u> |

COMMENTS REPAIRS AND/OR PARTS

COMMENTS: CITY/METER NO:

ENTER BY HUMAN BEAN

REDUCED PRESSURE ASSEMBLY

PVBA / SVBA AFTER REPAIRS

| | | | | |
|--------------------|---------------------|---|-----------------|------------------------------------|
| TEST AFTER REPAIRS | #1 CHECK PRESS DROP | DCVA | AIR INLET CHECK | PASS DATE |
| | RELIEF OPENED | CHECK #1 TIGHT <input type="checkbox"/> | OPENED AT | PRESS DROP |
| | | CHECK #2 TIGHT <input type="checkbox"/> | | TEST PASS <input type="checkbox"/> |

IN COMPLETING AND SUBMITTING THIS TEST REPORT, THE TESTER CERTIFIES THAT THE ASSEMBLY HAS BEEN TESTED AND MAINTAINED IN ACCORDANCE WITH ALL APPLICABLE RULES AND REGULATIONS OF THE WATER SYSTEM AND STATE REGULATIONS

GAUGE CALIBRATION DATE

06/07/23

DETECTOR METER READING

TESTERS SIGNATURE

Philip Sander

CERT # 3087

TESTERS NAME PRINTED

PHILIP SANDER

GAUGE 04200538

TESTERS ADDRESS

934 NW COOKE AVE GRANTS PASS OR

PHONE 779-8927

COMPANY NAME

SO BACKFLOW TECHS

SERVICE RESTORE

REPORT RECEIVED BY

PERMIT:

SO BACKFLOW TECHS

5247-2

PO BOX 1545
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GRANTS PASS OR 97526
(541) 472-0280

- NEW
- EXISTING
- REMOVED
- REPLACED

BACKFLOW ASSEMBLY TEST REPORT

PHONE: (541) 601-2727

PROPERTY OWNER MAILING ADDRESS
CINDY GERBER
715 E PINE ST

CITY: **CENTRAL POINT**

STATE **OR**

ZIP: **97502-**

ASSEMBLY ADDRESS
2020 99 HWY N

ASHLAND

OR

- RPBA
- DCVA
- RPDA
- DCDA
- PVBA
- SVBA
- AVB
- AIR GAP

SIZE **2.00** MAKE **WATTS**

MODEL **LF007M1QT**

WATER PURVEYOR **ASHLAND**

SERIAL NUMBER **073481**

ASSEMBLY LOCATION **IN NEW SHED MIDDLE OF CIRCLE AT STREET END**

REDUCED PRESSURE ASSEMBLY

PVBA / SVBA

INITIAL TEST RESULTS

#1 Check Press Drop
Relief Valve Opened At

DOUBLE CHECK

CHECK #1
TIGHT
LEAKED 2.5

CHECK #2
TIGHT
LEAKED 2.6

AIR INLET CHECK
OPENED AT

PRESS DROP

PASS
FAIL
DATE **3/27/2024**

PSID DID NOT OPEN

PSID FAILED

SYSTEM PSI: **65**

- RELIEF VALVE PASS
- RELIEF VALVE FAIL

COMMENTS: REPAIRS AND / OR PARTS
CITY/METER NO:

REDUCED PRESSURE ASSEMBLY

PVBA / SVBA

AFTER REPAIRS

TEST AFTER REPAIRS
#1 CHECK PRESS DROP

RELIEF VALVE OPENED

DCVA

- CHECK #1 TIGHT
- CHECK #2 TIGHT

AIR INLET CHECK
OPENED AT PRESS DROP

PASS DATE

TEST PASS

INCOMPLETING AND SUBMITTING THIS TEST REPORT, THE TESTER CERTIFIES THAT THE ASSEMBLY HAS BEEN TESTED AND MAINTAINED IN ACCORDANCE WITH ALL APPLICABLE RULES AND REGULATIONS OF THE WATER SYSTEM AND STATE REGULATIONS

GAUGE CALIBRATION DATE

06/07/23

DETECTOR METER READING

TESTERS SIGNATURE

Philip Sander

CERT # **3087**

TESTERS NAME PRINTED

PHILIP SANDER

GAUGE **04200538**

TESTERS ADDRESS

934 NW COOKE AVE GRANTS PASS OR

PHONE **779-8927**

COMPANY NAME

SO BACKFLOW TECHS

SERVICE RESTORE

REPORT RECEIVED BY

PERMIT:

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5247-3

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EXISTING
REMOVED
REPLACED

BACKFLOW ASSEMBLY TEST REPORT

PROPERTY OWNER: CINDY GERBER
MAILING ADDRESS: 715 E PINE ST

PHONE: (541) 601-2727

CITY: CENTRAL POINT STATE: OR ZIP: 97502-
ASSEMBLY ADDRESS: 2020 99 HWY N ASHLAND OR

- RPBA DCVA RPSA DCDA PVBA SVBA AVB AIR GAP

SIZE: 2.00 MAKE: WATTS MODEL: LF007M1QT

WATER PURVEYOR: ASHLAND SERIAL NUMBER: 084571

ASSEMBLY LOCATION: SPACE IN WELL HOUSE TURN LEFT PAST LAUNDRY ROOM

REDUCED PRESSURE ASSEMBLY

PVBA / SVBA

Initial Test Results: #1 Check Press Drop, Relief Valve, Double Check, Air Inlet Check, PSID, etc.

COMMENTS: CITY/METER NO:

REDUCED PRESSURE ASSEMBLY

PVBA / SVBA

AFTER REPAIRS

Test After Repairs: #1 Check Press Drop, Relief Valve, Double Check, Air Inlet Check, PSID, etc.

INCOMPLETING AND SUBMITTING THIS TEST REPORT, THE TESTER CERTIFIES THAT THE ASSEMBLY HAS BEEN TESTED AND MAINTAINED IN ACCORDANCE WITH ALL APPLICABLE RULES AND REGULATIONS OF THE WATER SYSTEM AND STATE REGULATIONS

Gauge Calibration Date: 06/07/23, Testers Signature: Philip Sander, Cert #: 3087, Gauge: 04200538, etc.