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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						
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: Nikki Ford					
	Email: bwah 20@ gmail. Com Phone #: 503-325-5525					
4.	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: _113					
	b. Do you have any high hazard connections in your water system? ☐ Yes ☒№ How many:					
	c. Do you have any other types of connections not listed above? ☐ Yes ☒No How many:					
Co	mments:					
5.	An <u>enabling authority</u> 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: <u>www.healthoregon.org/crossconnection</u> . 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 No					

QUESTIONS 8 - 10 are for LARGE SYSTEMS ONLY (Large = 300+ Service Connection to the required written backflow prevention program plan outlined in OAR 333-061-007	· ·				
. Certified Cross Connection Specialist Information: Water system Employee Scontracted service Name: Certified Backflow Valve Testing Service. Cert #: 440 - 0440 Email Address: Cindersolson@gmail.com Phone #: 503-440-0440					
Email Address: <u>Cindersolson@gmail.com</u> Phone #: <u>503-44</u>	10-0440				
9. Does your water system have a current written backflow prevention program plan	<u>1</u> ?				
 10. Does the <u>backflow prevention plan</u> 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				
 Current records of approved backflow prevention assemblies installed, inspections completed, test results, and verification of current backflow assembly tester certification. 	¥ Yes □No tion.				
g. A public education program about cross connection control.	Yes No				
11. Do you have any Reduced Pressure Backflow Prevention Assemblies (RP, RPBA, & RPDA) water system? Xi Yes \(\subseteq \text{No} \) (if you answered yes, answer the questions below)) installed in your				
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?	_&				
Comments:					

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12.	Do	you have any Double Check Backflow Prevention Assemblies (DC, DCVA, & DCDA) installed i	n your water
	sys	stem? 🔀 Yes 🗌 No (if you answered yes, answer the questions below)	
	a.	How many assemblies are installed in your water system?	5
	b.	How many assemblies were tested?	5
	c.	How many assemblies passed their annual test?	5
	d.	How many assemblies failed their annual test?	X
	e.	Comments:	
		you have any Pressure Vacuum Breaker Assemblies (PVB, PVBA, & SVBA) installed in your wa	ater 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:	
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		by the information provided is true to the best of my knowledge. Providing false information ies to the individual and to the water system.	may result in
Pri	nte	d Name: Nikki Ford Title: Secreto	ury_
Sigi	nat	ture: Milhi Fand Date: 1-15	-23

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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'

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