



**2020 ANNUAL SUMMARY REPORT
CROSS CONNECTION & BACKFLOW PREVENTION**

Received
Feb 26 2021
Cross Connection

Please fill out the Annual Summary Report accurately and completely with **data from 2020**. Keep a completed copy for your records.

PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.

Return completed reports by **March 31, 2021**

Email: cross.connection@dhsosha.state.or.us, Fax: 971-673-0694

Mail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293

1. **Water System Name:** Orient Drive Mobile Estates PWS ID# 41-00141

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: Geoff Thompson

Email: orientdrive@cwres.com Phone #: 503.676.8018

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: 51

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@state.or.us 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: Farr Better Backflow Testing LLC

Cert #: 4487

Email Address: farrbetterbft@gmail.com

Phone #: 503.475.9080

Alt Phone #: N/A

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. 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: Yes No

i. inspections completed, Yes No

ii. backflow prevention assembly test results on backflow prevention assemblies, Yes No

iii. verification of current backflow assembly tester certification Yes No

g. A public education program about cross connection control. Yes No

11. Are there any backflow assemblies or devices installed in your water system? Yes No

12. 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: _____

13. 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)

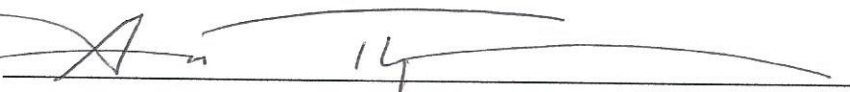
- a. How many assemblies are installed in your water system? 1
- b. How many assemblies were tested? 1
- c. How many assemblies passed their annual test? 1
- d. How many assemblies failed their annual test? 0
- e. Comments: _____

14. 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: Geoff Thompson Title: Manager

Signature:  Date: 02/26/2021

Return completed reports by **March 31, 2020**

Email: cross.connection@dhsoha.state.or.us, **Fax:** 971-673-0694 or

Mail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293

Questions? cross.connection@dhsoha.state.or.us 971-673-0321

◆ **Drinking Water Updates** ◆

October 2018 was the last printed Pipeline! If you would like to continue receiving 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 **'Subscribe to Email Alerts'** button!

To get Cross Connection notifications, go to www.healthoregon.org/crossconnection and click on the **'Subscribe to Email Alerts'**

FARR BETTER BACKFLOW TESTING LLC

BACKFLOW ASSEMBLY REPORT

ASSEMBLY IS: EXISTING REMOVED NEW REPAIRED REPLACED

PROPERTY NAME Orient Drive Mobil Estates. PHONE 503-676-8018.

CONTACT NAME Geoff Thompson. PHONE _____

MAILING ADDRESS 13025 SE Orient Dr.

CITY Boring STATE OR ZIP 97009

assembly address _____

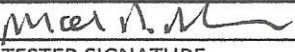
WATER SUPPLIER Self

SIZE 1.0 TYPE DC MAKE Wilkins MODEL 9504T SERIAL 500299

LOCATION By #1 in lawn

INITIAL TEST RESULTS	REDUCED PRESSURE ASSEMBLY	DOUBLE CHECK	PVBA/SVBA	INITIAL TEST
	CHECK #1 PRESS DROP: _____ RELIEF VALVE MIN 5 PSID OPENED AT: _____ MIN 2 PSID PASSED / FAILED	CHECK #1 TYPE II <u>TIGHT</u> <u>2.0</u> LEAKED MIN 1 PSID CHECK #2 <u>TIGHT</u> <u>2.6</u> LEAKED MIN 1 PSID	AIR INLET OPENED AT: _____ MIN 1 PSID OPENED FULLY DID NOT OPEN	CHECK VALVE PRESS DROP: _____ MIN 1 PSID FAILED
NOTES				
REPAIRS				
PARTS				
REPAIR RESULTS	REDUCED PRESSURE ASSEMBLY	DOUBLE CHECK	PVBA/SVBA	AFTER REPAIRS
	CHECK #1 PRESS DROP: _____ RELIEF VALVE MIN 5 PSID OPENED AT: _____ MIN 2 PSID PASSED / FAILED	CHECK #1 TYPE II TIGHT _____ LEAKED MIN 1 PSID CHECK #2 TIGHT _____ LEAKED MIN 1 PSID	AIR INLET OPENED AT: _____ MIN 1 PSID OPENED FULLY DID NOT OPEN	CHECK VALVE PRESS DROP: _____ MIN 1 PSID FAILED
GAUGE SERIAL #: 11050599/02100563 MAKE: wilkins/midwest CALIBRATION DATE: <u>12-9-19</u>				

In completing and submitting this test report, the tester certifies that the assembly was tested and maintained in accordance with all applicable rules, laws, codes and regulations of the state and water system using approved testing equipment and approved testing procedures.

INITIAL TEST	TEST AFTER REPAIRS	TESTER INFORMATION
		4487
TESTER SIGNATURE	TESTER SIGNATURE	CERT #
Mark Robinson	Mark Robinson	503-475-9080
TESTER NAME	TESTER NAME	PHONE #
PO Box 389	PO BOX 389	farrbetterbft@gmail.com
Boring OR 97009	Boring OR 97009	EMAIL
TESTER ADDRESS	TESTER ADDRESS	
Farr Better Backflow Testing	Farr Better Backflow Testing	WATER RESTORED?
COMPANY NAME	COMPANY NAME	<input checked="" type="radio"/> YES / NO