



2023 ANNUAL SUMMARY REPORT  
CROSS CONNECTION & BACKFLOW PREVENTION

MAR 29 2024

Certification Drinking Water Services

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](mailto: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: south hills water inc PWS ID# 41-00306

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: Steve Kraemer 31485 sw unger rd Cornelius, OR 97113

Email: kraemer2208@comcast.net Phone #: 503-318-4587

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: 104

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](http://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](mailto:cross.connection@odhsoha.oregon.gov)  No

1. The first section of the document discusses the importance of maintaining accurate records.

2. This section outlines the specific procedures for data collection and analysis.

3. The following table provides a summary of the key findings from the study.

4. It is important to note that the results are preliminary and require further validation.

5. The final section concludes with recommendations for future research and implementation.

6. The data was collected over a period of six months, from January to June 2023.

7. The sample size was determined based on statistical power analysis, resulting in 150 participants.

8. The study was approved by the Institutional Review Board (IRB) at the University of XYZ.

9. The primary objective of the study was to investigate the relationship between X and Y.

10. The results indicate a significant positive correlation between the two variables.

11. These findings suggest that X may be a key factor in determining Y.

12. The study has several limitations, including a cross-sectional design and self-reported data.

13. Future research should aim to address these limitations and explore the underlying mechanisms.

14. The authors would like to thank the funding agency and the research assistants for their support.

15. The data was analyzed using SPSS version 28.0. The significance level was set at p < 0.05.

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16. The document is a confidential report and should be handled accordingly.



**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? \_\_\_\_\_
- b. How many assemblies were tested? \_\_\_\_\_
- c. How many assemblies passed their annual test? \_\_\_\_\_
- d. How many assemblies failed their annual test? \_\_\_\_\_
- 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? 2
- b. How many assemblies were tested? 2
- c. How many assemblies passed their annual test? 2
- d. How many assemblies failed their annual test? 0
- 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: Steve Kraemer Title: lead operator

Signature:  Date: 3-25-24

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Questions? [cross.connection@odhsoha.oregon.gov](mailto: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](http://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](http://www.healthoregon.org/crossconnection) and click on the **'Sign Up for Cross Connection News'**