PUBLIC HEALTH DIVISION
Center for Health Protection, Drinking Water Services

Oregon Health Authority

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Certification Drinking Water Services

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:** 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. 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? _____

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: [signature] **Date:** 3-25-24

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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**'