



PUBLIC HEALTH DIVISION  
Center for Health Protection, Drinking Water Services  
Kate Brown, Governor



**2021 ANNUAL SUMMARY REPORT  
CROSS CONNECTION & BACKFLOW PREVENTION**

Received  
Mar 22 2022  
Cross Connection

Please fill out the Annual Summary Report accurately and completely with data from 2021. Keep a completed copy for your records.

**PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.**

Return completed reports by **March 31, 2022**

Email: [cross.connection@dhsosha.state.or.us](mailto: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: CITY OF JORDAN VALLEY PWS ID# 41-00411

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: CON WARN

Email: CITYOFJV@JUNO.COM

Phone #: 541-586-2460

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: 160

b. Do you have any high hazard connections in your water system?  Yes  No How many: 0

c. Do you have any other types of connections not listed above?  Yes  No How many: 5

Comments: WE HAVE FIVE BUSINESS CONNECTIONS

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@state.or.us](mailto:cross.connection@state.or.us)  No

**8. Certified Cross Connection Specialist Information:**

Water system Employee       Contracted service  
 Name: \_\_\_\_\_ Cert #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Alt 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.       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:
  - 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? \_\_\_\_\_ 4
- b. How many assemblies were tested? \_\_\_\_\_ 4
- c. How many assemblies passed their annual test? \_\_\_\_\_ 4
- d. How many assemblies failed their annual test? \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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13. Do you have any **Double Check Backflow Prevention Assemblies** 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:

14  
14  
14

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:

1  
1  
1

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: CON WARN Title: PUBLIC WORKS  
Signature: CON WARN Date: 3-22-2022

Return completed reports by **March 31, 2022**  
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Mail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293

Questions? [cross.connection@dhsosha.state.or.us](mailto:cross.connection@dhsosha.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](http://www.healthoregon.org/dws) and click on the **'Subscribe to Email Alerts'** button!

To get Cross Connection notifications, go to [www.healthoregon.org/crossconnection](http://www.healthoregon.org/crossconnection) and click on the **'Subscribe to Email Alerts'**



FAX COVER SHEET

FROM:

CITY OF JORDAN VALLEY  
PO BOX 187  
JORDAN VALLEY, OR 97910

PHONE 541-586-2460  
FAX 541-586-2460

TO: OREGON HEALTH Authority  
DEPT: CROSS CONNECTION & BACKFLOW  
CO: \_\_\_\_\_  
FAX: 971-673-0694