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JUN 06 2022
Certification
Drinking Water Services

2021 ANNUAL SUMMARY REPORT
CROSS CONNECTION & BACKFLOW PREVENTION

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, Fax: 971-673-0694

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

1. **Water System Name:** Bridge Water District PWS ID# 41-00552

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: Daniel Horner

Email: danielhorner1983@gmail.com Phone #: 541-290-9661

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: 50

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: 3

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

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? 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? 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: Kathy Seidel Title: Secretary

Signature: Kathy Seidel Date: 5-31-22

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

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

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

Questions? 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 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](#)'

BACKFLOW PREVENTER REPORT

EXISTING REMOVED NEW REPAIRED REPLACED OLD S/N

PROPERTY NAME BRIDGE WATER DISTRICT PHONE 541-290-9661

CONTACT NAME DANEL HORNER PHONE _____

MAILING ADDRESS PO BOX 261

CITY MYRTLE POINT STATE OR ZIP 97458

PREVENTER ADDRESS 98305 BRIDGE LANE, BRIDGE

WATER SUPPLIER BRIDGE SERIAL# 102943

LOCATION RIGHT SIDE OF DRIVEWAY IN GD BOX

MAKE WATTS MODEL 007M30T SIZE .75

TYPE RP RPDA RPDA-II DC DCDA DCDA-II PVB SVB AVB AG

HAZARD PROTECTED PREMISE ISOLATION IRRIGATION FIRE SYSTEM BOILER OTHER _____

APPROVED: ASSEMBLY INSTALLATION ORIENTATION AIRGAP PIPE SIZE _____ in ^{PHYSICAL SEPARATION} in _____

INITIAL TEST RESULTS	REDUCED PRESSURE ASSEMBLY		PVBA/SVBA		INITIAL TEST
	CHECK #1 PRESS DROP: _____ <small>MIN 5 PSID</small> RELIEF VALVE OPENED AT: _____ <small>MIN 2 PSID</small> RELIEF VALVE PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	DOUBLE CHECK CHECK #1 TYPE II <input type="checkbox"/> TIGHT <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/> <u>2.2</u> <small>MIN 1 PSID</small> CHECK #2 TIGHT <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/> <u>1.8</u> <small>MIN 1 PSID</small>	AIR INLET OPENED AT: _____ <small>MIN 1 PSID</small> OPEN FULLY <input type="checkbox"/> DID NOT OPEN <input type="checkbox"/>	CHECK VALVE PRESS DROP: _____ <small>MIN 1 PSID</small> FAILED <input type="checkbox"/>	PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/> DATE <u>3/29/2022</u> SYSTEM PSI _____ DETECTOR METER READING: _____
NOTES REPAIRS PARTS	TIME 12:48				
REPAIR RESULTS	REDUCED PRESSURE ASSEMBLY		PVBA/SVBA		TEST AFTER REPAIRS
	CHECK #1 PRESS DROP: _____ <small>MIN 5 PSID</small> RELIEF VALVE OPENED AT: _____ <small>MIN 2 PSID</small> RELIEF VALVE PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	DOUBLE CHECK CHECK #1 TYPE II <input type="checkbox"/> TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/> _____ <small>MIN 1 PSID</small> CHECK #2 TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/> _____ <small>MIN 1 PSID</small>	AIR INLET OPENED AT: _____ <small>MIN 1 PSID</small> OPEN FULLY <input type="checkbox"/>	CHECK VALVE PRESS DROP: _____ <small>MIN 1 PSID</small> FAILED <input type="checkbox"/>	DATE _____ PASSED <input type="checkbox"/>

GAUGE S/N 06210243 MAKE/MODEL MW 845 CALIBRATION DATE 06/03/21

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	4706 TESTERS CERT# PHONE# EMAIL WATER RESTORED? <input checked="" type="checkbox"/>
<i>Clare Plumb</i>		
TESTER SIGNATURE	TESTER SIGNATURE	
TESTER NAME (PRINTED) <u>1581 NEWMARK AVE</u>	TESTER NAME (PRINTED)	
TESTER ADDRESS <u>COOS BAY, OR 97420</u>	TESTER ADDRESS	
COMPANY NAME <u>TRI-COUNTY PLUMBING</u>	COMPANY NAME	
REPORT RECEIVED BY (REPRESENTATION OF OWNER)	REPORT RECEIVED BY (REPRESENTATION OF OWNER)	

BACKFLOW

PREVENTER REPORT

EXISTING REMOVED NEW REPAIRED REPLACED OLD S/N _____

PROPERTY NAME BRIDGE WATER DISTRICT PHONE 541-290-9661

CONTACT NAME DANEL HORNER PHONE _____

MAILING ADDRESS PO BOX 261

CITY MYRTLE POINT STATE OR ZIP 97458

PREVENTER ADDRESS 98513CARLA LANE, BRIDGE

WATER SUPPLIER BRIDGE SERIAL# 218125

LOCATION CORNER OF CARLA LN AND BRIDGE LN IN GD BOX

MAKE WATTS MODEL 007M3OT SIZE .75

TYPE RP RPDA RPDA-II DC DCDA DCDA-II PVB SVB AVB AG

HAZARD PROTECTED PREMISE ISOLATION IRRIGATION FIRE SYSTEM BOILER OTHER _____

APPROVED: ASSEMBLY INSTALLATION ORIENTATION AIRGAP PIPE SIZE _____ in PHYSICAL SEPARATION _____ in

INITIAL TEST RESULTS	REDUCED PRESSURE ASSEMBLY		PVBA/SVBA		INITIAL TEST
	CHECK #1 PRESS DROP: _____ <small>MIN 5 PSID</small> RELIEF VALVE OPENED AT: _____ <small>MIN 2 PSID</small> RELIEF VALVE PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	DOUBLE CHECK CHECK #1 TYPE II <input type="checkbox"/> TIGHT <input checked="" type="checkbox"/> 2.0 <small>MIN 1 PSID</small> LEAKED <input type="checkbox"/> CHECK #2 TIGHT <input checked="" type="checkbox"/> 2.4 <small>MIN 1 PSID</small> LEAKED <input type="checkbox"/>	AIR INLET OPENED AT: _____ <small>MIN 1 PSID</small> OPEN FULLY <input type="checkbox"/> DID NOT OPEN <input type="checkbox"/>	CHECK VALVE PRESS DROP: _____ <small>MIN 1 PSID</small> FAILED <input type="checkbox"/>	PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/> DATE <u>3/29/2022</u> SYSTEM PSI _____ DETECTOR METER READING: _____
NOTES REPAIRS PARTS	TIME 12:35				
REPAIR RESULTS	REDUCED PRESSURE ASSEMBLY		PVBA/SVBA		TEST AFTER REPAIRS
CHECK #1 PRESS DROP: _____ <small>MIN 5 PSID</small> RELIEF VALVE OPENED AT: _____ <small>MIN 2 PSID</small> RELIEF VALVE PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	DOUBLE CHECK CHECK #1 TYPE II <input type="checkbox"/> TIGHT <input type="checkbox"/> <small>MIN 1 PSID</small> CHECK #2 TIGHT <input type="checkbox"/> <small>MIN 1 PSID</small>	AIR INLET OPENED AT: _____ <small>MIN 1 PSID</small> OPEN FULLY <input type="checkbox"/>	CHECK VALVE PRESS DROP: _____ <small>MIN 1 PSID</small> FAILED <input type="checkbox"/>	DATE _____ PASSED <input type="checkbox"/>	

GAUGE S/N 06210243 MAKE/MODEL MW 845 CALIBRATION DATE 06/03/21

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	TESTERS CERT# <u>4706</u> PHONE# EMAIL WATER RESTORED? <input checked="" type="checkbox"/>
<i>Claine Klummer</i>		
TESTER SIGNATURE	TESTER SIGNATURE	
TESTER NAME (PRINTED) <u>1581 NEWMARK AVE</u>	TESTER NAME (PRINTED)	
TESTER ADDRESS <u>COOS BAY, OR 97420</u>	TESTER ADDRESS	
COMPANY NAME <u>TRI-COUNTY PLUMBIN</u>	COMPANY NAME	
REPORT RECEIVED BY (REPRESENTATION OF OWNER)	REPORT RECEIVED BY (REPRESENTATION OF OWNER)	

BACKFLOW PREVENTER REPORT

EXISTING REMOVED NEW REPAIRED REPLACED OLD S/N _____

PROPERTY NAME BRIDGE WATER DISTRICT PHONE 541-290-9661

CONTACT NAME DANEL HORNER PHONE _____

MAILING ADDRESS PO BOX 261

CITY MYRTLE POINT STATE OR ZIP 97458

PREVENTER ADDRESS 98486 CARLA LANE, BRIDGE

WATER SUPPLIER BRIDGE SERIAL# 214343

LOCATION CORNER OF CARLA LN AND BRIDGE LN IN GD BOX

MAKE WATTS MODEL 007M30T SIZE .75

TYPE RP RPDA RPDA-II DC DCDA DCDA-II PVB SVB AVB AG

HAZARD PROTECTED PREMISE ISOLATION IRRIGATION FIRE SYSTEM BOILER OTHER _____

APPROVED: ASSEMBLY INSTALLATION ORIENTATION AIRGAP PIPE SIZE _____ in MINIMUM MAXIMUM in

INITIAL TEST RESULTS	REDUCED PRESSURE ASSEMBLY		PVBA/SVBA		INITIAL TEST
	CHECK #1 PRESS DROP: _____ <small>MIN 5 PSID</small>	DOUBLE CHECK CHECK #1 TYPE II <input type="checkbox"/>	AIR INLET OPENED AT: _____ <small>MIN 1 PSID</small>	CHECK VALVE PRESS DROP: _____ <small>MIN 1 PSID</small>	
RELIEF VALVE OPENED AT: _____ <small>MIN 2 PSID</small>	TIGHT <input checked="" type="checkbox"/> <u>2.4</u> LEAKED <input type="checkbox"/> <small>MIN 1 PSID</small>	OPEN FULLY <input type="checkbox"/>	FAILED <input type="checkbox"/>	SYSTEM PSI _____	
RELIEF VALVE PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	CHECK #2 TIGHT <input checked="" type="checkbox"/> <u>2.2</u> LEAKED <input type="checkbox"/> <small>MIN 1 PSID</small>	DID NOT OPEN <input type="checkbox"/>		DETECTOR METER READING: _____	

NOTES REPAIRS PARTS
TIME 12:39

REPAIR RESULTS	REDUCED PRESSURE ASSEMBLY		PVBA/SVBA		TEST AFTER REPAIRS
	CHECK #1 PRESS DROP: _____ <small>MIN 5 PSID</small>	DOUBLE CHECK CHECK #1 TYPE II <input type="checkbox"/>	AIR INLET OPENED AT: _____ <small>MIN 1 PSID</small>	CHECK VALVE PRESS DROP: _____ <small>MIN 1 PSID</small>	
RELIEF VALVE OPENED AT: _____ <small>MIN 2 PSID</small>	TIGHT <input type="checkbox"/> _____ LEAKED <input type="checkbox"/> <small>MIN 1 PSID</small>	OPEN FULLY <input type="checkbox"/>	FAILED <input type="checkbox"/>	PASSED <input type="checkbox"/>	
RELIEF VALVE PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	CHECK #2 TIGHT <input type="checkbox"/> _____ LEAKED <input type="checkbox"/> <small>MIN 1 PSID</small>				

GAUGE S/N 06210243 MAKE/MODEL MW 845 CALIBRATION DATE 06/03/21

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	TESTERS CERT# <u>4706</u> PHONE# EMAIL WATER RESTORED? <input checked="" type="checkbox"/>
<i>Glenn Plummer</i>	TESTER SIGNATURE	
TESTER NAME (PRINTED) <u>1581 NEWMARK AVE</u>	TESTER NAME (PRINTED)	
TESTER ADDRESS <u>COOS BAY, OR 97420</u>	TESTER ADDRESS	
COMPANY NAME <u>TRI-COUNTY PLUMBING</u>	COMPANY NAME	
REPORT RECEIVED BY (REPRESENTATION OF OWNER)	REPORT RECEIVED BY (REPRESENTATION OF OWNER)	

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