



2023 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

Received March 28 2024 Cross Connection

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|----|--|---|--|--|--|
| | ease fill out the Annual Summary Report accurately and completely wit py for your records. | h data from 2023. Keep a completed | | | |
| ΡI | LEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS | WILL DELAY PROCESSING. | | | |
| En | eturn completed reports by March 31, 2024 nail: cross.connection@odhsoha.oregon.gov , Fax: 971-673-0694 ail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland | l, OR 97293 | | | |
| 1. | Water System Name: City of Rogue River | PWS ID# 41-00712 | | | |
| 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: Debbie Bunker | | | | |
| | Email: dbsowatertech@yahoo.cpm Phone | #: <u>541-499-8041</u> | | | |
| 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: 686 | | | |
| | b. Do you have any high hazard connections in your water system? | Yes No How many: 54 | | | |
| | c. Do you have any other types of connections not listed above? | Yes No How many: 64 | | | |
| Co | omments: | ¥ 4411 - 3 18 | | | |
| - | | | | | |
| 5. | An <u>enabling authority</u> 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. | | | | |
| | Does your water system have an enabling authority? Yes Was your enabling authority revised within the last year? Yes, email a copy to the Cross Connection program cross.connection | No (see note above) on@odhsoha.oregon.gov | | | |
| | Li 1 to, tiliali a copy to the Cross Confection program cross.confection | 110 | | | |

| | Certified Cross Connection Specialist Information: Water system Employee Contracted service | | | | |
|---------------|---|---------------------------------------|-----------------|--|--|
| Na | me: Deborah Bunker | Cert #: 895731 | Cert #: 895731 | | |
| Em | mail Address: Deborah Bunker Cert #: 895731 Phone #: 541-499-8 | | 041 | | |
|). D o | es your water system have a current <u>written back</u> | flow prevention program plan? | ■ Yes □No | | |
| 0. Do | es the <u>backflow prevention plan</u> include the follow | ring: | | | |
| | a. A list of premises where health hazard cross connections exist, including, but not limited to, those listed in Table 42 (High Hazard Table).b. Procedure for continually evaluating the degree of hazard posed by a water users premises. | | ■ Yes □No | | |
| | | | ■ 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 | | |
| | The type of protection required to prevent backflow i commensurate with the degree of hazard that exists o | | Yes N | | |
| | A description of what corrective actions will be taken with the water suppliers cross connection control requ | | ■ Yes □N | | |
| | Current records of approved backflow prevention ass completed, test results, and verification of current background. | · · · · · · · · · · · · · · · · · · · | Yes No | | |
| g. | A public education program about cross connection c | control. | Yes N | | |
| 1. Do | you have any Reduced Pressure Backflow Prevention A | Assemblies (RP, RPBA, & RPDA) ins | stalled in your | | |
| wa | ter system? Yes No (if you answered yes, answer the | questions below) | 68 | | |
| | How many assemblies are installed in your water system. How many assemblies were tested? | (| 52 | | |
| С. | How many assemblies passed their annual test? | | 52 | | |
| | How many assemblies failed their annual test? | | 0 | | |
| | Comments: | | | | |

| 12. Do | you have any Double Check Backflow Prevention Assemblies (DC, DCVA, | & DCDA) installed in your water | | | | |
|--|---|------------------------------------|--|--|--|--|
| sys | tem? Tes No (if you answered yes, answer the questions below) | | | | | |
| a. | How many assemblies are installed in your water system? | 296 | | | | |
| b. | How many assemblies were tested? | 235 | | | | |
| c. | How many assemblies passed their annual test? | 235 | | | | |
| d. | How many assemblies failed their annual test? | 0 | | | | |
| e. | Comments: | | | | | |
| | | | | | | |
| 10 - | | | | | | |
| | you have any Pressure Vacuum Breaker Assemblies (PVB, PVBA, & SVBA | a) installed in your water system? | | | | |
| Ш | 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. | e. Comments: | | | | | |
| | | | | | | |
| | | | | | | |
| | by the information provided is true to the best of my knowledge. Providing to the individual and to the water system. | g false information may result in | | | | |
| Printed Name: Debbie Bunker Title: Asst. PW Direct | | | | | | |
| Signat | ure: Donnker | Date: 3/28/24 | | | | |

Return completed reports by March 31, 2024. Email: cross.connection@odhsoha.oregon.gov, Fax: 971-673-0694 or Mail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293

Questions? cross.connection@odhsoha.oregon.gov or 971-673-0321

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