



2021 ANNUAL SUMMARY REPORT  
CROSS CONNECTION & BACKFLOW PREVENTION

Received  
Mar 30 2021  
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:** MAPLE TERRACE PWS ID# 41-00983

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: STEVEN WILSON

Email: CONTACT@SHILOHWATER.COM Phone #: 503-845-5225

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: \_\_\_\_\_

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@state.or.us](mailto:cross.connection@state.or.us)  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 #: \_\_\_\_\_ 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:       Yes  No

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? \_\_\_\_\_

b. How many assemblies were tested? \_\_\_\_\_

c. How many assemblies passed their annual test? \_\_\_\_\_

d. How many assemblies failed their annual test? \_\_\_\_\_

Comments: REPORT ATTACHED.

\_\_\_\_\_

\_\_\_\_\_



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? \_\_\_\_\_

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. 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: ANNA WILSON Title: BUS. ADMIN

Signature:  Date: 3/30/22

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 or  
**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**'





10739

PROPERTY OWNER: Maple Terrace Mobile Home Park  
MAILING ADDRESS: Shiloh Water

# BACKFLOW ASSEMBLY TEST REPORT

NEW  
 EXISTING  
 REMOVED  
 REPLACEMENT

CITY Warren STATE OR ZIP 97053

ASSEMBLY ADDRESS: \_\_\_\_\_

R.P.B.A.  D.C.V.A.  R.P.D.A.  D.C.D.A.  P.V.B.A.  S.V.B.A.  A.V.B.  AIR GAP

SIZE: 0 1/2 MAKE: Watts MODEL: LF069m2

WATER PURVEYOR: Warren SERIAL NUMBER: 191456 Q7

ASSEMBLY LOCATION: South side of Park under Green Box

INITIAL TEST RESULTS	REDUCED PRESSURE ASSEMBLY		P.V.B.A. / S.V.B.A.		INITIAL TEST PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/> DATE: <u>3/30/22</u> SYSTEM PSI <u>85</u>
	#1 CHECK PRESS DROP <u>7.6</u> (A)	RELIEF VALVE OPENED AT <u>4.0</u> (B) MIN 2 PSID	DOUBLE CHECK CHECK #1 TIGHT <input checked="" type="checkbox"/> <u>7.6</u> PSID LEAKED <input type="checkbox"/>	AIR INLET CHECK OPENED AT: _____ PSID DID NOT OPEN <input type="checkbox"/>	
BUFFER A - B = <u>3.6</u> MIN 3 PSI	RELIEF VALVE PASS <input checked="" type="checkbox"/> FAIL <input type="checkbox"/>	CHECK #2 TIGHT <input checked="" type="checkbox"/> _____ PSID LEAKED <input type="checkbox"/>	_____ PSID	_____ PSID	

COMMENTS REPAIRS AND/OR PARTS

TEST AFTER REPAIRS	REDUCED PRESSURE ASSEMBLY		P.V.B.A. / S.V.B.A.		AFTER REPAIRS DATE: <u>   /   /   </u> PASSED <input type="checkbox"/>
	#1 CHECK PRESS DROP _____ (A)	RELIEF VALVE OPENED _____ (B) MIN 2 PSID	CHECK #1 TIGHT <input type="checkbox"/> _____ PSID CHECK #2 TIGHT <input type="checkbox"/> _____ PSID	OPENED AT: _____ PSID	
BUFFER A - B = _____ MIN 3 PSI			_____ PSID	_____ PSID	

IN COMPLETING AND SUBMITTING THIS TEST REPORT, THE TESTER CERTIFIES THAT THE ASSEMBLY HAS BEEN TESTED AND MAINTAINED IN ACCORDANCE WITH ALL APPLICABLE RULES AND REGULATIONS OF THE WATER SYSTEM AND STATE REGULATIONS.

GAUGE CALIBRATION DATE 2/8/22 DETECTOR METER READING NA

TESTER SIGNATURE David Graham #3179 Joey Klobes #5892 Rob Greisen  
TESTER'S NAME PRINTED  
TESTER'S ADDRESS P.O. Box 665 Scappoose, OR 97056  
COMPANY NAME Crow Water

REPORT RECEIVED BY: \_\_\_\_\_ (REPRESENTATIVE OF OWNER)  
 SERVICE RESTORED  
off @ meter