



PUBLIC HEALTH DIVISION
Center for Health Protection, Drinking Water Services

Health

2018 ANNUAL SUMMARY REPORT (ASR) CROSS CONNECTION & BACKFLOW PREVENTION

Please fill out the Annual Summary Report accurately and completely with data from 2018. Keep a completed copy for your records.

PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.

Return completed reports by **March 31, 2019**

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

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

1. **Water System Name:** Emerald Valley MH & RV Park **PWS ID#** 41-00995

2. **What size is your water system?** Small (1-299 connections) Large (300+ connections)

3. **ASR Contact Information:** *(if there are questions about this report who should we contact?)*

Name: Robbin Roderick

Address: PO Box 11764

City: Eugene

State: OR

Zip: 97440

Email: robbinroderick@yahoo.com

Phone #: 541-689-7255

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: 31

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@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 ORR 200-061-0070(9)(1)

8. Certified Cross Connection Specialist Information:

Water system Employee Contracted service

Name: _____ Cert #: _____

Address: _____

City: _____ State: _____ Zip: _____

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 user's 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? _____
- b. How many assemblies were tested? _____
- c. How many assemblies passed their annual test? _____
- d. How many assemblies failed their annual test? _____

Comments: _____

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: _____

15. Do you track any **Atmospheric Vacuum Breakers (AVB)** installed in your water system? Yes No

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: Robbin Roderick Title: General Manager

Signature:  Date: 02/23/2019

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