



## 2023 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

Received
Jan 18 2024
Cross Connection

Please fill out the Annual Summary Report accurately and completely with data from 2023. Keep a completed copy for your records. PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING. Return completed reports by March 31, 2024 Email: cross.connection@odhsoha.oregon.gov, Fax: 971-673-0694 Mail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293 1. Water System Name: Madrone Hill Mobile Home Park PWS ID# 41-01033 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: John MacDiarmid Email: madronehill@cwres.com Phone #: 541-855-7749 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. 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 <u>cross.connection@odhsoha.oregon.gov</u> ■ No

| 8.           | the required written backflow prevention program plan outlined in OAR 333-061-0070(Sertified Cross Connection Specialist Information:  | <u> </u>      |
|--------------|--|---------------|
|              | Water system Employee Contracted service   |               |
| ľ            | Name: Cert #:  |               |
|              | Email Address:Phone #:   |               |
| 9. I         | Does your water system have a current written backflow prevention program plan?  | ☐ Yes ☐No     |
| 10. <b>I</b> | 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 (High Hazard Table).                                   | ☐ Yes ☐No     |
| b            | . Procedure for continually evaluating the degree of hazard posed by a water users premises.   | ☐ Yes ☐No     |
| _            |  |               |
| С            | 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, inspections completed, test results, and verification of current backflow assembly tester certification. | Yes No        |
| g.           | A public education program about cross connection control.   | ☐ Yes ☐No     |
| 11. Do<br>wa | o you have any <b>Reduced Pressure Backflow Prevention Assemblies</b> (RP, RPBA, & RPDA) instanter system?  Yes No (if you answered yes, answer the questions below)           | alled in your |
| 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?  |               |
|              | Comments:  |               |
|              |  |               |

| 12. Do             | you have any Double Check Backflow Prevention Assemblies (DC, DCVA,   | & DCDA) installed in your water    |
|--------------------|---|------------------------------------|
|                    | tem? 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:   |                                    |
|                    |   |                                    |
|                    |   |                                    |
|                    | you have any Pressure Vacuum Breaker Assemblies (PVB, PVBA, & SVBA  | A) 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 penaltic | y the information provided is true to the best of my knowledge. Providings to the individual and to the water system. | g false information may result in  |
| Printe             | Name: Janet Dotson  | Title: Manager                     |
| Signat             | ire:  | Date: 1/18/24                      |

Return completed reports by March 31, 2024. Email: <a href="mailto:cross.connection@odhsoha.oregon.gov">cross.connection@odhsoha.oregon.gov</a>, 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

## **Drinking Water Updates**

If you would like to receive the Pipeline newsletter, in addition to other important notifications sign up for Drinking Water Email Alerts! Go to <a href="https://www.healthoregon.org/dws">www.healthoregon.org/dws</a> and click on the 'Sign Up for DWS News' button!

To get Cross Connection notifications, go to  $\underline{www.healthoregon.org/crossconnection}$  and click on the 'Sign Up for Cross Connection News'

| PO BOX<br>MEDFO<br>(541) 7 | 1545<br>RD 0<br>79-89 | PR 9750<br>927          | 1  | OKFLOW TECHS 934 NW COOKE AVE GRANTS PASS OR 97526 (541) 472-0280 OW ASSEMBLY TEST REPORT |            |        |                          |         | 8401-1  NEW  EXISTING  REMOVED |       |                          |              |
|----------------------------|-----------------------|-------------------------|--|---|------------|--------|--------------------------|---------|--------------------------------|-------|--------------------------|--------------|
| PROPER                     |                       |                         |  |   |            |        |                          | ı       |                                |       | REPLACE                  |              |
| OWNER                      |                       |                         | ONE HILL N                                 |   |            | VIE P  | ARK                      |         | PHONE                          | : (5  | 41) 855                  | <u>-7749</u> |
| MAILING<br>ADDRESS         |                       | 8401 O                  | LD STAGE                                   | D STAGE RD #101   |            |        |                          |         |                                |       |                          |              |
| CITY:                      |                       | CENTR                   | AL POINT                                   |   |            | STATE  | OF                       | ₹       | z                              | IP:   | 97502                    | <u>}</u>     |
| ASSEMBL                    | v                     |                         |  | DD.   |            |        |                          |         |                                |       |                          |              |
| ADDRESS                    | ; <u> </u>            | 340 I OI                | LD STAGE                                   | KU  |            |        | CEN                      | ITRAL   | POIN                           | T     | <u>OR</u>                |              |
| RPB                        | A                     | DCVA                    | RPDA                                       | DCDA  |            | PVBA   |                          | SVBA    | A۱                             | /B    | AIR                      | GAP          |
| SIZE 1                     | 1.50                  | M                       | ake <u>WA</u> 7                            | TS  |            | N      | IODEL                    | 007     | M1C                            | T     |                          |              |
| VATER PL                   | JRVEY                 | or <u>F</u>             | PRIVATE                                    | WATE  | R          | SERI   | AL NUN                   | /IBER   | 1022                           | 269   | 9                        |              |
| SSEMBL                     | -                     | 40' BE                  | HIND POWER                                 | BOXES S   | w o        | F CON  | MUN                      | ITY CEN | TER                            |       |                          |              |
| OGATION                    |                       |                         | PRESSURE AS                                |   |            |        |                          |         |                                |       |                          |              |
| NITIAL<br>TEST             | #1 Che                |                         |  |   |            |        |                          | VBA /   | S V B A                        |       |                          |              |
| RESULTS                    | Press D               |                         |  | DOUBLE<br>CHECK #1  |            |        | HECK AIR INLET OPENED AT |         |                                | ROP   | PASS                     | ~            |
|                            | Relief<br>Opened      | i At                    |  | TIGHT   | ~          | 2.0    |                          |         |                                |       | FAIL<br>DATE             | -            |
|                            |                       |                         |  | CHECK #2  |            | 2.0    | PSID<br>DID NO           |         | PSID                           |       | 7/14                     | /2023        |
|                            |                       | RELIEF<br>VALVE<br>PASS | RELIEF<br>VALVE<br>FAIL                    | TIGHT<br>LEAKED   | _          | 2.3    | OPEN                     |         | FAILED                         |       | SYSTEM<br>PSI:           | 50           |
| COMMENTS<br>REPAIRS        | сомм                  | ENTS:                   |  |   | To Propose |        |                          |         |                                |       |                          |              |
| AND / OR<br>PARTS          | CITY                  | //METER                 | NO:  |   |            |        |                          |         |                                |       |                          |              |
|                            |                       | ry 541-48               |  |   |            |        |                          |         |                                |       |                          |              |
| TEST                       |                       |                         | PRESSURE AS                                | SEMBLY  |            | PVB    | A /                      | SVBA    | А                              | FTE   | R REPA                   | iRS          |
| AFTER<br>REPAIRS           | #1 CHE                |                         | DCV  | 4   |            | AIR IN | ILET                     | CHECK   |                                | PAS   | S DATE                   | <u> </u>     |
| ter Ains                   | RELIEF                |                         | CHECK<br>#1 TIGHT                          |   |            | OPEN   |                          | PRES    | _                              |       |                          |              |
|                            | OPENE                 | ,                       | CHECK<br>#2 TIGHT                          |   |            | ΑT     |                          | DRO     |                                | EST   | PASS                     |              |
|                            | -                     |                         |  | -   |            |        |                          |         |                                |       |                          |              |
|                            | ASSE                  | MBLY HAS                | AND SUBMITS<br>BEEN TESTED<br>GULATIONS OF | AND MAIL  | NTAIN      | IED IN | ACCOR                    | DANCE \ | NITH AI                        | LL AI | HAT THE                  | LE           |
| GAUGE CALI                 |                       |                         | 06/07/23                                   |   |            |        |                          | READING | ULATIO                         | INS   |                          |              |
| TESTERS S                  | SIGNATU               | JRE                     | Philip S                                   |   |            |        |                          |         | 0507                           |       | 2007                     |              |
| TESTERS NA                 | ME PRIN               | ITED                    | PHILIP SAI                                 | NDER  |            |        |                          |         | CERT #                         |       | 3087                     | 520          |
| TESTERS ADDRESS            |                       |                         | 934 NW C                                   | OOKE AV   | ΈG         | RANT   | S PAS                    | SS OR   | PHONE                          |       | <u>04200:</u><br>779-89: |              |
| COMPANY NAME               |                       |                         | SO BACK                                    |   |            |        |                          |         | # SE                           |       | E RESTO                  |              |
| REPORT REC                 | CEIVED B              | Y                       |  |   |            |        |                          | PERMIT  |                                |       |                          | ,            |

|                              | S                   | O BACI                    | KFL(               | T WC                                  | EC           | HS      |              |               |                       | 8401-2           |          |
|------------------------------|---------------------|---------------------------|--------------------|---------------------------------------|--------------|---------|--------------|---------------|-----------------------|------------------|----------|
| PO BOX                       |                     |                           |                    | 934 NV                                |              |         | VE           |               |                       | 0401-2           |          |
| MEDFORD OR 97501             |                     |                           | GRANT              |                                       |              | NEW     |              |               |                       |                  |          |
| (541) 779-8927               |                     |                           |                    | (541) 472-0280                        |              |         |              |               | <b>✓</b> EXISTING     |                  |          |
|                              | В                   | ACKFLOW                   | ASSE               |                                       |              |         |              | т             |                       | REMOVED          |          |
| PROPER                       | RTY M               |                           |                    | EMBLY TEST REPORT<br>MOBILE HOME PARK |              |         |              |               | PHONE: (541) 855-7749 |                  |          |
| OWNER<br>MAILING             |                     | 101 OLD ST                |                    |                                       |              |         |              |               |                       |                  |          |
| ADDRESS                      |                     | .010200                   | HOL                | 110 #10                               | 1            |         |              |               |                       |                  |          |
| CITY:                        |                     | ENTRAL PO                 | <u>TNIC</u>        |                                       |              | STATE   | <u>Of</u>    | 3             | ZIP                   | : <u>97502</u> - |          |
| ASSEMBI<br>ADDRESS           | . 82                | 101 OLD ST                | AGE                | <u>RD</u>                             |              |         | CEI          | NTRAL         | POINT                 | <u>OR</u>        |          |
| RPB                          | A 🗸 D               | CVA RP                    | DA                 | DCDA                                  |              | PVBA    | A 🗌          | SVBA          | AVE                   | AIR G            | AP       |
| SIZE .                       | <u>75</u>           | MAKE                      | WAT                | TS                                    |              | N       | 10DEL        | 007           | M2QT                  | -                |          |
| VATER PL                     |                     | PRIV                      | ATE                | WATE                                  | R            | SERI    | AL NUI       |               | 1771                  | -                |          |
| OCATION                      | -                   | 100' NE OF C              | OMMUN              | VITY CEN                              | ITER         | 2       |              |               |                       |                  |          |
|                              | RED                 | UCED PRESSU               | JRE ASS            | EMBLY                                 |              |         | ь            | VBA /         | CVDA                  |                  |          |
| INITIAL<br>TEST              | #1 Check            |                           |                    | DOUBLE                                | 01.IE        | 01/     |              | VBA /<br>NLET | CHECK                 |                  |          |
| RESULTS                      | Press Dro           | •                         |                    | DOUBLE<br>CHECK #1                    | CHE          | CK      | OPENE        |               | PRESS DRO             | PASS             | <b>V</b> |
|                              | Relief<br>Opened At |                           | TIGHT              |                                       |              |         |              |               | FAIL<br>DATE          |                  |          |
|                              | Opened A            |                           |                    | LEAKED                                |              | 2.4     | PSID         |               | PSID                  | _                | 000      |
|                              |                     | LIEF RELI                 |                    | CHECK #2<br>TIGHT                     |              | 2.2     | DID NO       | T             | FAILED                | 7/14/2           | 023      |
|                              |                     | LVE VALV                  | E                  | LEAKED                                | ~            | 2.2     | -            |               |                       | SYSTEM<br>PSI: 5 | 50       |
| COMMENTS REPAIRS             | COMMEN              | ITS:                      |                    |                                       |              |         |              |               |                       | 3                | 20       |
| AND / OR<br>PARTS            |                     |                           |                    |                                       |              |         |              |               |                       |                  |          |
| · Attio                      |                     | METER NO:<br>541-482-6224 | ı                  |                                       |              |         |              |               |                       |                  |          |
|                              |                     | UCED PRESSU               |                    | EMBLY                                 |              | PVB     | A /          | SVBA          |                       |                  |          |
| TEST<br>AFTER                | #1 CHECK            |                           | CVA                |                                       |              | AIR IN  |              | CHECK         | AFI                   | ER REPAIR        | S        |
| REPAIRS                      | RELIEF              | c                         | HECK               |                                       |              | ODEN    | CD           | DDEO          |                       | SS DATE          |          |
|                              | OPENED              |                           | 1 TIGHT<br>HECK    |                                       | OPENED<br>AT |         | PRES<br>DROI | _             |                       |                  |          |
|                              |                     |                           | 2 TIGHT            |                                       |              |         |              |               |                       | ST PASS          |          |
|                              | INCOMP              | LETING AND SI             | JBMITTI            | NG THIS T                             | EST          | REPOR'  | T THE        | TESTER (      | PEDTIEIES             | TUAT THE         |          |
|                              | ASSEMB              | LY HAS BEEN               | <b>TESTED</b>      | AND MAIN                              | MIAT         | NED IN  | ACCOR        | DANCE         | NITH ALL              | APPLICABLE       | E        |
|                              | RULES A             | ND REGULATION             | ONS OF T           | THE WATE                              | R SY         | STEM A  | ND ST        | ATE REG       | ULATIONS              |                  |          |
| GAUGE CALIE                  |                     | 00                        | 6/07/23            | ,                                     | C            | ETECTOR | METER F      | READING       |                       |                  |          |
| TESTERS SIGNATURE            |                     |                           | lip Sa             |                                       |              |         |              |               | CERT #                | 3087             |          |
| TESTERS NAME PRINTED         |                     |                           | PHILIP SANDER      |                                       |              |         |              |               | GAUGE                 | 0420053          | 88       |
| TESTERS ADDRESS COMPANY NAME |                     |                           | 934 NW COOKE AVE G |                                       |              |         |              |               | PHONE #               | 779-8927         | -        |
|                              | SO B                | ACKF                      | LOW T              | ECH                                   | <u> 1S</u>   |         |              | ✓ SERV        | ICE RESTORE           |                  |          |
| REPORT RECI                  | FIAED BA            |                           |                    |                                       |              |         |              | PERMIT        | :                     |                  |          |

|                                 | SO B                   | ACKFLC            | )VV IEC                                       | CHS      |                       |                   | 8401-3         |  |  |
|---------------------------------|------------------------|-------------------|---|----------|-----------------------|-------------------|----------------|--|--|
| PO BOX                          | 1545                   | to the            | 934 NW C                                      | OOKE A   |                       | NEW AIRW          |                |  |  |
| <b>VEDFOR</b>                   | D OR 9750              | 1                 | GRANTS P                                      | ASS OR   |                       | NEW<br>✓ EXISTING |                |  |  |
| (541) 7                         | 79-8927                |                   | (541) 472                                     | 2-0280   | <u> </u>              | REMOVED           |                |  |  |
|                                 | BACKE                  | LOW ASSE          | MBLY TE                                       | ST RE    | PORT                  |                   | REPLACED       |  |  |
| PROPER                          | Y MADR                 | ONE HILL M        | OBILE HO                                      | PHONE: ( | PHONE: (541) 855-7749 |                   |                |  |  |
| OWNER<br>MAILING                | 8401 O                 | LD STAGE          | RD #101                                       |          |                       |                   |                |  |  |
| ADDRESS                         | -                      |                   |   |          |                       |                   | 07500          |  |  |
| CITY:                           | CENTE                  | RAL POINT         |   | STATE    | <u>OR</u>             | ZIP:              | 97502-         |  |  |
| ASSEMBL'<br>ADDRESS             | 8401 O                 | LD STAGE I        | RD  |          | CENTRAI               | _ POINT           | <u>OR</u>      |  |  |
| RPB/                            | A V DCVA               | RPDA              | DCDA  | PVBA     | SVBA                  | AVB               | AIR GAP        |  |  |
| SIZE 1                          | . <u>50</u> м          | AKE WILK          | KINS  | M        | ODEL <u>95</u>        | 0XL               |                |  |  |
| VATER PU                        | RVEYOR                 | PRIVATE           | WATER   | SERI     | AL NUMBER             | 33643             | <u>80</u>      |  |  |
| SSEMBLY .OCATION                | 300' N                 | E OF COMMUN       | NITY CENTE                                    | <u>R</u> |                       |                   |                |  |  |
|                                 | REDUCED                | PRESSURE ASS      | EMBLY   |          | PVBA                  | SVBA              |                |  |  |
| INITIAL<br>TEST                 | #1 Check               |                   | DOUBLE CH                                     | IECK     | AIR INLET             | CHECK             | PASS 🗸         |  |  |
| RESULTS                         | Press Drop             |                   | CHECK #1                                      |          | OPENED AT             | PRESS DROP        | FAIL           |  |  |
|                                 | Relief<br>Opened At    |                   | TIGHT   | 2.8      |                       |                   | DATE           |  |  |
|                                 | opened At              |                   | CHECK #2                                      | 2.0      | PSID                  | PSID              | 7/14/2023      |  |  |
|                                 | RELIEF                 | RELIEF            | TIGHT   | 2.6      | DID NOT<br>OPEN       | FAILED            | SYSTEM         |  |  |
|                                 | PASS                   | FAIL              | LEAKED  | •        |                       |                   | PSI: <u>50</u> |  |  |
| COMMENTS<br>REPAIRS<br>AND / OR | COMMENTS:              |                   |   |          |                       |                   |                |  |  |
| PARTS                           | CITY/METER             | R NO:             |   |          |                       |                   |                |  |  |
|                                 | Terry 541-4            | 182-6224          |   |          |                       |                   |                |  |  |
| TEST                            | REDUCED                | PRESSURE AS       | SEMBLY  | PVB      | A / SVB               | A AFT             | ER REPAIRS     |  |  |
| AFTER<br>REPAIRS                | #1 CHECK<br>PRESS DROP | DCVA              | 4   | AIR II   | NLET CHEC             | CK PA             | SS DATE        |  |  |
| REPAIRS                         | RELIEF                 | CHECK<br>#1 TIGHT |   | OPEN     |                       | _                 |                |  |  |
|                                 | OPENED                 | CHECK             |   | A        | r DR                  |                   | TDACC          |  |  |
|                                 |                        | #2 TIGHT          |   |          |                       | IES               | T PASS         |  |  |
|                                 |                        | G AND SUBMIT      |   |          |                       |                   |                |  |  |
|                                 |                        | EGULATIONS OF     |   |          |                       |                   |                |  |  |
| GAUGE CAL                       | BRATION DATE           | 06/07/23          | 3   | DETECTO  | R METER READING       | i .               |                |  |  |
| TESTERS                         | SIGNATURE              | Philip S          | Philip Sander CERT # 3087                     |          |                       |                   |                |  |  |
| TESTERS NA                      | AME PRINTED            |                   | PHILIP SANDER GAUGE 04200538                  |          |                       |                   |                |  |  |
| TESTERS ADDRESS                 |                        | 934 NW C          | 934 NW COOKE AVE GRANTS PASS OR PHONE 779-892 |          |                       |                   |                |  |  |
| COMPANY                         | IAME                   | SO BACK           | FLOW TE                                       | CHS      |                       | SERV              | ICE RESTORE    |  |  |
|                                 | CEIVED BY              |                   |   |          | PER                   | MIT:              |                |  |  |