



2021 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

Received March 1 2022 Cross Connection

Please fill out the Annual Summary Report accurately and completely with data from copy for your records.	m 2021. Keep a completed
PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DE	LAY PROCESSING.
Return completed reports by March 31, 2022 Email: cross.connection@dhsoha.state.or.us , Fax: 971-673-0694 Mail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293	
Water System Name: South Fork Forest Camp P	PWS ID# 41-01054
2. What size is your water system? Small (1-299 connections) Large (300	0+ connections)
3. ASR Contact Information: (if there are questions about the ASR who should we Name: John Brown	contact?)
Email: john.e.brown@doc.oregon.gov Phone #: 503-815	5-6122
 b. Do you have any high hazard connections in your water system? C. Do you have any other types of connections not listed above? 	No How many: No How many:
Comments:	
5. An <u>enabling authority</u> is required for all community water systems. The enabling water system to discontinue service for various reasons. A sample enabling authority water systems on our website: <u>www.healthoregon.org/crossconnection</u> . If you have enabling authority to the State, please complete one and submit it as soon as possible.	ity is available for small
 Does your water system have an enabling authority? Yes No (see not Was your enabling authority revised within the last year? Yes, email a copy to the Cross Connection program cross.connection@state.or. 	· N

Certified Cross Connection Specialist Information: Water system Employee Contracted service	
Name:	
Email Address:Cert #:	
Name: Cert #: Email Address: Alt Phone #:	
Does your water system have a current written backflow prevention program plan?	■ Yes ■No
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: i. inspections completed, ii. backflow prevention assembly test results on backflow prevention assemblies, iii. verification of current backflow assembly tester certification	Yes □NoYes □NoYes □NoYes □No
g. A public education program about cross connection control.	Yes No
Are there any backflow assemblies or devices installed in your water system? ■Yes □No	
Do you have any Reduced Pressure Backflow Prevention Assemblies (RP, RPBA, & RPDA) instructory water system? Yes No (if you answered yes, answer the questions below) a. How many assemblies are installed in your water system?	alled in your
b. How many assemblies were tested?	1
c. How many assemblies passed their annual test?	×
d. How many assemblies failed their annual test?	

13. D	stem? Yes No (if you answered yes, answer the questions by the	VA, & DCDA) installed in your water
	(3) and the dayes, this wer 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?	
e.	Comments:	
14. Do	you have any Pressure Vacuum Breaker Assemblies (PVB, PVBA, & SV	'BA) installed in your water system?
	Yes No (if you answered yes, answer the questions below)	-13) motaned in your water system?
a.	How many assemblies are installed in your water system?	1
b.	How many assemblies were tested?	1
c.	How many assemblies passed their annual test?	1
d.	How many assemblies failed their annual test?	
e.	Comments:	
I certifi penalti	y the information provided is true to the best of my knowledge. Provides to the individual and to the water system.	ling false information may result in
Printed	Name: John Brown	Title: Maintenance Specialist
Signati	ire: John Brown	_ Date: <u>3-1-2022</u>

Return completed reports by March 31, 2022

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

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

Questions? cross.connection@dhsoha.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?