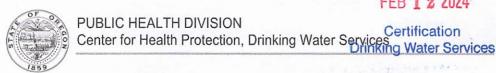
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## 2023 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

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: Idleway Improvement District PWS ID# 41-01208 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: Roth Miller Email: idleway water Ognail. com Phone #: 54/-410-8893 4. Customer Base: Who does your water system serve? Count each service connection only once, include connections with and without a backflow assembly. Yes No How many: /25 a. Do you have any residential connections in your water system? b. Do you have any high hazard connections in your water system? Yes No How many: Yes No How many: c. Do you have any other types of connections not listed above? 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@odhsoha.oregon.gov No

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Drinking Water Services

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र को देखना हो भारत पर महिल्ले सहस्र ते हर्षा है कर जन्म पहल जन्म का अस्ति के किस्प्रेस महिल्ले के अपनुत्र

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	Certified Cross Connection Specialist Information:  Water system Employee Contracted service			
N	Name:	Cert #:	Cert #:	
E	mail Address: Phone #:		18]	
Ι	Ooes your water system h	ave a current written backflow prevention program plan?	Yes No	
		ation plan include the following: ealth hazard cross connections exist, including, but not limited to, ligh Hazard Table).	Yes No	
b	Procedure for continuall premises.	y evaluating the degree of hazard posed by a water users	Yes N	
C		the water user if a non-health hazard or health hazard is ming the water user of any corrective action required.	☐ Yes ☐N	
d	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 N	
e	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 N	
f		oved backflow prevention assemblies installed, inspections and verification of current backflow assembly tester certification	Yes No	
g	. A public education prog	ram about cross connection control.	Yes N	
	Do you have any <b>Reduced Pressure Backflow Prevention Assemblies</b> (RP, RPBA, & RPDA) installed in your water system? No (if you answered yes, answer the questions below)			
	a. How many assemblies are installed in your water system?		24	
t	b. How many assemblies were tested?		24	
C	c. How many assemblies passed their annual test?			
Ċ	d. How many assemblies failed their annual test?			
	Comments:			

12. Do you have any <b>Double Check Backflow Prevention Assemblies</b> (DC, DCVA, & DCDA) install	led in your water
system? X Yes No (if you answered yes, answer the questions below)	
a. How many assemblies are installed in your water system?	24
b. How many assemblies were tested?	24
c. How many assemblies passed their annual test?	
d. How many assemblies failed their annual test?	***************************************
e. Comments: first year for testing 2024, for Annual All Backflows are tested when Enstalled	testing.
13. Do you have any Pressure Vacuum Breaker Assemblies (PVB, PVBA, & SVBA) installed in you	ır water system?
Yes No (if you answered yes, answer the questions below)	
a. How many assemblies are installed in your water system?	Ø
b. How many assemblies were tested?	
c. How many assemblies passed their annual test?	
d. How many assemblies failed their annual test?	
e. Comments:	
Variffy the information and its description of the information of the	4:
I certify the information provided is true to the best of my knowledge. Providing false information penalties to the individual and to the water system.	tion may result in
Printed Name: Ruth Miller Title: Sec	Theos.
Signature: Date: 2-3	2-24

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? <a href="mailto:cross.connection@odhsoha.oregon.gov">cross.connection@odhsoha.oregon.gov</a> 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="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 <a href="www.healthoregon.org/crossconnection">www.healthoregon.org/crossconnection</a> and click on the <a href="mailto:Sign Up for Cross Connection News">Sign Up for Cross Connection News</a>