



Submitted refund request  
1/22/19 - MAK

2018 ANNUAL SUMMARY REPORT (ASR)  
CROSSCONNECTION & 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, 2018**

Email: [cross.connection@state.or.us](mailto:cross.connection@state.or.us), Fax: 971-673-0694

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

Email

1. **Water System Name:** Sauvie Island Moorage PWS ID# 41-01209

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: Grant Johnson

Address: 17717 NW Sauvie Island Rd.

City: Portland State: OR Zip: 97231

Email: grantjohnson17717@gmail.com Phone #: 5036213495

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: 46

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: \_\_\_\_\_

No approved cross-connection equipment is available for floating home use.

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

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**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 #: \_\_\_\_\_

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:       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: No approved devices available.

\_\_\_\_\_  
\_\_\_\_\_

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: Grant Johnson Title: Owner

Signature:  Date: 1/7/2019

Return completed reports by **March 31, 2018**

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Fax: 971-673-0694

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



**KELLER Molly A**

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**From:** KELLER Molly A  
**Sent:** Tuesday, January 22, 2019 7:39 AM  
**To:** grantjohnson17717@gmail.com  
**Subject:** Cross Connection Annual Fee Payment FOLLOW UP Sauvie Island Moorage 41-01209

Hi Grant,  
We received your \$30.00 Cross Connection Annual fee payment on 11/29/18, but we also received a \$75.00 payment last week with your Annual Summary Report. Were you meaning to pay for a different water system? Let me know.

Molly

Molly Keller  
Program Analyst 2  
OREGON HEALTH AUTHORITY  
Public Health Division  
Drinking Water Services  
Desk: 971-673-0418  
Fax: 971-673-0694  
[www.healthoregon.org/crossconnection](http://www.healthoregon.org/crossconnection)

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*Office Hours: T-F 6-4:30*