



2020 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

Received
Mar 30 2021
Cross Connection

Please fill out the Annual Summary Report accurately and completely with **data from 2020**. Keep a completed copy for your records.

PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING. Return completed reports by March 31, 2021 Email: cross.connection@dhsoha.state.or.us, Fax: 971-673-0694 Mail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293 1. Water System Name: _____ PWS ID# 41-____ 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?) Email: Phone #: 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)

Yes, email a copy to the Cross Connection program cross.connection@state.or.us No

7. Was your enabling authority revised within the last year?

Certified Cross Connection Specialist Information Water system Employee Contracted services		
Name:		
Email Address:Phone #:		
Phone #:	Alt Phone #:	
Does your water system have a current written	backflow prevention program plan?	Yes No
. Does the <u>backflow prevention plan</u> include the	following:	
a. A list of premises where health hazard cross connect those listed in Table 42.		☐ Yes ☐No
b. Procedure for continually evaluating the degree premises.	e of hazard posed by a water users	☐ Yes ☐No
c. Procedure for notifying the water user if a non-identified, and for informing the water user of a		Yes No
d. The type of protection required to prevent back commensurate with the degree of hazard that ex		☐ Yes ☐N
e. A description of what corrective actions will be with the water suppliers cross connection contr	± •	☐ Yes ☐N
f. Current records of approved backflow preventi i. inspections completed, ii. backflow prevention assembly test results iii. verification of current backflow assembly	on backflow prevention assemblies,	☐ Yes ☐ N☐ Yes ☐ N☐ Yes ☐ N☐ Yes ☐ N
g. A public education program about cross connec	ction control.	☐ Yes ☐N
. Are there any backflow assemblies or devices install. Do you have any Reduced Pressure Backflow Preve water system? Yes No (if you answered yes, answar. How many assemblies are installed in your water.)	ntion Assemblies (RP, RPBA, & RPDA) inswer the questions below)	stalled in your
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	to you have any Double Check Backflow Prevention Assemblies (DC, DCVA, & DCDA) installed in	your water
sys	ystem? Tes 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	o you have any Pressure Vacuum Breaker Assemblies (PVB, PVBA, & SVBA) installed in your wa	ter 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:	
	ify the information provided is true to the best of my knowledge. Providing false information ties to the individual and to the water system.	may result in
Printe	ted Name:Title:	
Signa	ature: Date:	

Return completed reports by March 31, 2020

Email: cross.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

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To get Cross Connection notifications, go to www.healthoregon.org/crossconnection and click on the 'Subscribe to Email Alerts'