



2023 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

Received Feb 5 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: Pine Ridge Water Co LLC **PWS ID# 41-** 01467 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: Eric Schaafsma Email: eric@precisionbacklow1.com Phone #: 541-659-0700 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: 21 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: 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 cross.connection@odhsoha.oregon.gov No

	Certified Cross Connection Specialist Information: Water system Employee Contracted service			
Na	ame:	Cert #:	Cert #:	
En	mail Address: Phone #:			
D	oes your water system have a current <u>wr</u>	itten backflow prevention program plan?	Yes No	
). D e	oes the <u>backflow prevention plan</u> include	the following:		
a.	A list of premises where health hazard cross conthose listed in Table 42 (High Hazard Table).	onnections exist, including, but not limited to,	Yes No	
b.	Procedure for continually evaluating the depremises.	egree of hazard posed by a water users	Yes No	
c.	Procedure for notifying the water user if a identified, and for informing the water use		Yes No	
d.	The type of protection required to prevent commensurate with the degree of hazard the		Yes No	
e.	A description of what corrective actions we with the water suppliers cross connection of		Yes No	
f.	Current records of approved backflow pre- completed, test results, and verification of	vention assemblies installed, inspections current backflow assembly tester certification	Yes No	
g.	A public education program about cross co	onnection control.	Yes No	
wa	an editor of the total end	Prevention Assemblies (RP, RPBA, & RPDA) ins s, answer the questions below)	stalled in your	
b.	How many assemblies were tested?		-	
c.	How many assemblies passed their annual tes	st?		
d.				
	Comments:			

12. Do	you have any Double Check Backflow Prevention Assemblies (DC, DCVA,	& DCDA) installed in your water			
sys	stem? Tes No (if you answered yes, answer the questions below)				
a.	How many assemblies are installed in your water system?	2			
b.	How many assemblies were tested?	2			
c.	How many assemblies passed their annual test?	2			
d.	How many assemblies failed their annual test?				
e.	Comments:				
13. Do	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.	a. How many assemblies are installed in your water system?				
b.	How many assemblies were tested?	U			
c.	c. How many assemblies passed their annual test? d. How many assemblies failed their annual test?				
d.					
e.	e. Comments:				
	fy the information provided is true to the best of my knowledge. Providing ies to the individual and to the water system.	g false information may result in			
Printe	Title: Contractor				
	5//				
Signat	ture:	Date: 2.5-7024			

Return completed reports by March 31, 2024. Email: cross.connection@odhsoha.oregon.gov, 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 www.healthoregon.org/dws and click on the 'Sign Up for DWS News' button!

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