



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: Redwood Terrace Assisted Living PWS ID# 41-95017 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: 1 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

	Certified Cross Connection Specialist Information: Water system Employee Contracted service				
Na	ame:	Cert #:			
Er	nail Address:	Phone #:			
D	oes your water system have a current	written backflow prevention program plan?	Yes No		
). D	oes the <u>backflow prevention plan</u> inclu	ide the following:			
	·	s connections exist, including, but not limited to,	Yes No		
b.	Procedure for continually evaluating the premises.	e degree of hazard posed by a water users	Yes N		
c.	Procedure for notifying the water user i identified, and for informing the water is	f a non-health hazard or health hazard is user of any corrective action required.	Yes N		
d.		ent backflow into the public water supply, d that exists on the water user's premises.	Yes N		
e.	A description of what corrective actions with the water suppliers cross connection	s will be taken if a water user fails to comply on control requirements.	Yes N		
f.	Current records of approved backflow prevention assemblies installed, inspections completed, test results, and verification of current backflow assembly tester certification.		Yes No		
g.	A public education program about cross	s connection control.	Yes N		
1 D	you have any Reduced Pressure Rackflor	w Prevention Assemblies (RP, RPBA, & RPDA) ins	stalled in your		
Wa	2 P. 43 1755	yes, answer the questions below)			
b.	How many assemblies were tested?				
c.	How many assemblies passed their annual	l test?	:		
d.			-		
	Comments:				

12. D	o you have any Double Check Backflow Prevention Assemblies (DC, DCVA,	& DCDA) installed in your water			
sy	stem? Yes No (if you answered yes, answer the questions below)				
a.	How many assemblies are installed in your water system?	1			
Ъ.	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:				
10 -					
13. Do	o 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.	a. How many assemblies are installed in your water system?				
b.	b. How many assemblies were tested? c. How many assemblies passed their annual test? d. How many assemblies failed their annual test?				
c.					
d.					
e.	e. Comments:				
	fy the information provided is true to the best of my knowledge. Providing ties to the individual and to the water system.	g false information may result in			
Printo	ed Name: Eric Schaafsma	Title: Contractor			
Signa	ture:	Date: 2.5.7624			

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'