



2021 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

Please fill out the Annual Summary Report accurately and completely with data from 2021. Keep a completed copy for your records. PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING. Return completed reports by March 31, 2022 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: Nantucke Twater Company PWS ID# 41- 95088 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: Barbara Giddings
Email: 4)11dflower-don @ a01, com Phone #: 503 965-7420 4. Customer Base: Who does your water system serve? Count each service connection only once, include connections with and without a backflow assembly. XYes □No How many: 30 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? Commercial - Thousand Trails with 730 Comments: R.V. hook up poton Ticallytes the Time To They only have one 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@state.or.us \square No

	program plan outlined in OAR 333-061-0070(<u>9)(b)</u>
8. Certified Cross Connection Specialist In Water system Employee Contract	ted service	
Name: Email Address: \	Cert #:	
Phone #:	Alt Phone #:	
	written backflow prevention program plan?	Yes No
0. Does the backflow prevention plan inclu	ide the following:	
a. A list of premises where health hazard cros those listed in Table 42.	ss connections exist, including, but not limited to,	☐ Yes ☐No
b. Procedure for continually evaluating the premises.		☐ Yes ☐No
c. Procedure for notifying the water user i identified, and for informing the water	f a non-health hazard or health hazard is user of any corrective action required.	☐ Yes ☐No
d. The type of protection required to preve commensurate with the degree of hazar	ent backflow into the public water supply, ed that exists on the water user's premises.	Yes No
e. A description of what corrective action with the water suppliers cross connection	s will be taken if a water user fails to comply on control requirements.	☐ Yes ☐No
 f. Current records of approved backflow j i. inspections completed, ii. backflow prevention assembly test iii. verification of current backflow as 	results on backflow prevention assemblies,	☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No
g. A public education program about cros	s connection control.	Yes No
12. Do you have any Reduced Pressure Backflo	ces installed in your water system? Yes No w Prevention Assemblies (RP, RPBA, & RPDA) in	nstalled in your
water system? Yes Mo (if you answered a. How many assemblies are installed in you	l yes, answer the questions below) ur water system?	
b. How many assemblies were tested?		
b. How many assemblies were tested?c. How many assemblies passed their annua	Il test?	
•		

13. Do	you have any Double Check Backflow Prevention Assemblies (DC, DCVA, & DCDA) installed	in your water
sys	tem? Yes No (if you answered yes, answer the questions below)	4
a.	tem? Wes No (if you answered yes, answer the questions below) How many assemblies are installed in your water system? Thousand TRAILS	
b.	How many assemblies were tested?	_ 事 UNICNO
c.	How many assemblies passed their annual test?	
d.	How many assemblies failed their annual test?	- Ojenlena
e.	Comments:	
	Our water is tested Monthly by Waterhab @ 26 03 12th Street Salem Organ & is always	e Mout
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:	
I certific penalt	fy the information provided is true to the best of my knowledge. Providing false information ies to the individual and to the water system.	on may result in
Printe	ed Name: Mantucket Water Corp Title: P	US_
Signa	ture: Where I blog Date: 3 2	122-

Return completed reports by March 31, 2022

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

Drinking Water Updates

October 2018 was the last printed Pipeline! If you would like to continue receiving 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 'Subscribe to Email Alerts' button!

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