				1110001	C VV	<i>O</i> .					3(00+
PART	D. (Co	intinued)		,					X.			
1. Doe	es this v	water syst	em have a	current:								
Yes	No											
	XX	master for eac		lities and pr	emises wi	nich are	subject	to ins	pection,	and the h	azard leve	el
X		list of c	ross conn	ection staff	and work	respons	sibilities?	,				
XX.			ile for initia w assemb	il inspection lly?	, annual t	esting a	nd perio	odic re	-inspectio	on of each	ı required	i
water s enablin	ystems g auth	are requirity. Wat	ired to hav er system:	ORDINAN e a written o s that do no ummary Re	cross conr t have this	nection of docum	ordinand	ce, by-	laws, po	licy or oth	er written	
1. Doe	s this w	vater syste	em have a	written ordi	nance (or	other ei	nabling	author	ity)? X	Yes		No
	6	/1990		Date ordin	ance (or o	ther wri	tten ena	ıbling	authority)	was first	adopted.	
	8	/1993		Date of las	t revision.		1					
this doc	ument necess	is current sary to sub	ly on file womit anoth	nection ordi rith the Hea er copy. Re t is on file w	Ith Division efer to the	n and ha 1995 A	as not be SR Data	een m	odified si	nce it was	submitte	ed.
		MENTS ets if nece		e below is p	rovided fo	r any co	mment	s that y	ou may	like to add	J. Attach	
The	e Or:	indale	Water	System	has f	ewer	than	300	servi	lce co	nnecti	on:
Fo	r the	e purp	ose of	cross (connec	tion	conti	col,	this	water	syste	m
is	ope	rated .	in con	junction	n with	The	City	of 1	Klamat	h Fal	ls Wat	er
Sy	stem								-			
This rep	ort mu	st be sign	ed and da	ted by the p	reparer.	****	力杂杂杂杂杂杂杂	****	****	******	\$ \$1 \$2 \$2 \$3 \$4 \$4 \$4 \$5	***
Signature	21S		Law)			·	Date	9			

This report must be submitted to the Health Division by February 28, 1997. Send completed form, backflow assembly test summary, copy of ordinance (or other written enabling authority) and other attachments to:

Oregon Health Division Drinking Water Program PO Box 14450 Portland, OR 97214-0450

Attn: Bonnie Waybright, PE