



2018 ANNUAL SUMMARY REPORT (ASR)
CROSS CONNECTION & BACKFLOW PREVENTION

Please fill out the Annual Summary Report accurately and completely with data from 2018. Keep a completed copy for your records.

PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.

Return completed reports by **March 31, 2019**

Email: cross.connection@state.or.us, Fax: 971-673-0694

Mail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293

1. Water System Name: River Haven mobile estate DWS ID# 41-00354

2. What size is your water system? Small (1-299 connections) Large (300+ connections)

3. ASR Contact Information: (if there are questions about this report who should we contact?)
Name: Larry Boswell
Address: 501 Gunnell Rd.
City: Grants Pass State: OR Zip: 97526
Email: _____ Phone #: 541-476-9972

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: 74

b. Do you have any high hazard connections in your water system? Yes No How many: 0

c. Do you have any other types of connections not listed above? Yes No How many: 1

Comments: (C) Laundry Room

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) *you have the original on file*

7. Was your enabling authority revised within the last year?
 Yes, email a copy to the cross connection program cross.connection@state.or.us No

QUESTIONS 8 - 10 are for **LARGE SYSTEMS ONLY** (Large = 300+ Service Connections) and are specific to the required written backflow prevention program plan outlined in OAR 333-061-0070(9)(b)

8. Certified Cross Connection Specialist Information:

Water system Employee Contracted service
 Name: _____ Cert #: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email Address: _____
 Phone #: _____ Alt Phone #: _____

9. Does your water system have a current written backflow prevention program plan? Yes No

10. Does the backflow prevention plan include the following:

- a. A list of premises where health hazard cross connections exist, including, but not limited to, those listed in Table 42. Yes No
- b. Procedure for continually evaluating the degree of hazard posed by a water user's premises. Yes No
- c. Procedure for notifying the water user if a non-health hazard or health hazard is identified, and for informing the water user of any corrective action required. Yes No
- d. The type of protection required to prevent backflow into the public water supply, commensurate with the degree of hazard that exists on the water user's premises. Yes No
- e. A description of what corrective actions will be taken if a water user fails to comply with the water suppliers cross connection control requirements. Yes No
- f. Current records of approved backflow prevention assemblies installed: Yes No
 - i. inspections completed, Yes No
 - ii. backflow prevention assembly test results on backflow prevention assemblies, Yes No
 - iii. verification of current backflow assembly tester certification Yes No
- g. A public education program about cross connection control. Yes No

11. Are there any backflow assemblies or devices installed in your water system? Yes No

12. Do you have any **Reduced Pressure Backflow Prevention Assemblies** (RP, RPBA, & RPDA) 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? UNKNOWN _____
- b. How many assemblies were tested? NONE _____
- c. How many assemblies passed their annual test? N/A _____
- d. How many assemblies failed their annual test? N/A _____

Comments: _____



13. Do you have any **Double Check Backflow Prevention Assemblies** (DC, DCVA, & DCDA) installed in your water system? Yes No (if you answered yes, answer the questions below) **UNKNOWN**

- 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 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) **UNKNOWN**

- 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: _____

15. Do you track any **Atmospheric Vacuum Breakers (AVB)** installed in your water system? Yes No

I certify the information provided is true to the best of my knowledge. Providing false information may result in penalties to the individual and to the water system.

Printed Name: Larry Boswell Title: Manager

Signature: Larry Boswell Date: 1/19/19

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