



2023 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

Received April 3 2024 Cross Connection

Please fill out the Annual Summary Report accurately and completely with data from 2023. Keep a completed copy for your records.					
ΡI	LEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.				
En	eturn completed reports by March 31, 2024 nail: cross.connection@odhsoha.oregon.gov , Fax: 971-673-0694 ail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293				
1.	Water System Name: City of Hubbard PWS ID# 41-00389				
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: Melinda Olinger				
	Email: MOlinger@cityofhubbard.org Phone #: 503-982-9429				
4.	connections with and without a backflow assembly.				
	a. Do you have any residential connections in your water system? Yes No How many: 928				
	b. Do you have any high hazard connections in your water system? Yes No How many: 8				
	c. Do you have any other types of connections not listed above? Yes No How many: 105				
Co	omments:				
5.	An <u>enabling authority</u> 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.				
	Does your water system have an enabling authority? Yes No (see note above) Was your enabling authority revised within the last year? Yes, email a copy to the Cross Connection program cross.connection@odhsoha.oregon.gov No				

	the required <u>written backflow prevention program plan</u> outlined in <u>OAR 333-061-0070(9)(b)</u> Certified Cross Connection Specialist Information:				
	■ Water system Employee				
	Name: Michael Krebs		Cert #: 2414		
	Email Address: MKrebs@cityofhubbard.org Phone #: 5		Cert #: 2414 Phone #: 503-982-942	03-982-9429	
9.	Does your water system hav	e a current <u>written backf</u>	ow prevention program plan?	■ Yes No	
10.	Does the backflow prevention	on plan include the follow	ing:		
	a. A list of premises where heal those listed in Table 42 (High		xist, including, but not limited to,	Yes No	
	b. Procedure for continually expremises.	evaluating the degree of haz	ard posed by a water users	■ Yes □No	
	c. Procedure for notifying the identified, and for informing			■ Yes □No	
	d. The type of protection requ commensurate with the dep	-	to the public water supply, a the water user's premises.	■ Yes □No	
	e. A description of what corre with the water suppliers cr		if a water user fails to comply irements.	■ Yes □No	
			mblies installed, inspections kflow assembly tester certification	Yes No	
	g. A public education program	n about cross connection co	ontrol.	■ Yes No	
11.	-		ssemblies (RP, RPBA, & RPDA) ins	talled in your	
	water system? ■Yes □No (iii) a. How many assemblies are in	fyou answered yes, answer the anstalled in vour water system?	•	14	
	b. How many assemblies were			14	
	c. How many assemblies passe			14	
	d. How many assemblies failed their annual test?				
	Comments:				

12. Do	you have any Double Check Backflow Prevention Assemblies (DC, DCVA, & DCDA) in:	stalled in your water				
sys	stem? Yes \(\subseteq No \) (if you answered yes, answer the questions helow)					
a.	How many assemblies are installed in your water system?	212				
b.	How many assemblies were tested?	212				
c.	How many assemblies passed their annual test?	212				
d.	How many assemblies failed their annual test?	·				
e.	Comments:					
	8 <u></u>					
13. Do	you have any Pressure Vacuum Breaker Assemblies (PVB, PVBA, & SVBA) installed in	vour water system?				
Yes No (if you answered yes, answer the questions below)						
a.	How many assemblies are installed in your water system?	31 <u> </u>				
b.	How many assemblies were tested?					
c.	How many assemblies passed their annual test?					
d.	How many assemblies failed their annual test?	:				
e.	Comments:					
	fy the information provided is true to the best of my knowledge. Providing false information ies to the individual and to the water system.	rmation may result in				
Printe	ed Name: Michael KrebsTitle: P.W	. Superintendent				
Signa	ture: Mund 12. 16h Date: 03/0	02/2024				

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'