



## 2023 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION Cross Connection

Received Feb 5 2024

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: BLUE MOON MHP **PWS ID# 41-** 01020 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: 27 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: c. Do you have any other types of connections not listed above? Yes No How many: 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 I  Water system Employee Contract  Contract			
Name:	Cert #:		
Email Address:	Phone #:		
Does your water system have a current	written backflow prevention program plan?	Yes N	
Does the <u>backflow prevention plan</u> incl	ude the following:		
<ul> <li>a. A list of premises where health hazard cro those listed in Table 42 (High Hazard Tab</li> </ul>	ess connections exist, including, but not limited to, le).	Yes N	
. Procedure for continually evaluating the degree of hazard posed by a water users premises.		Yes N	
e. 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 N	
	rent backflow into the public water supply, rd that exists on the water user's premises.	Yes N	
e. A description of what corrective action with the water suppliers cross connecti	ns will be taken if a water user fails to comply ion control requirements.	Yes N	
*-	prevention assemblies installed, inspections a of current backflow assembly tester certification	Yes No	
g. A public education program about cros	ss connection control.	Yes N	
	ow Prevention Assemblies (RP, RPBA, & RPDA) ins	talled in your	
water system? Yes No (if you answered a. How many assemblies are installed in yo	d yes, answer the questions below) ur water system?		
b. How many assemblies were tested?			
c. How many assemblies passed their annua	al test?	-	
d. How many assemblies failed their annual	test?		
Comments:			

12. Do	o you have any <b>Double Check Backflow Prevention Assemblies</b> (DC, DCVA	A, & 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?	
b.	How many assemblies were tested?	
c.	How many assemblies passed their annual test?	
d.	How many assemblies failed their annual test?	
e.	Comments:	
13. Do	you have any <b>Pressure Vacuum Breaker Assemblies</b> (PVB, PVBA, & SVB	3A) 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 certif penalti	fy the information provided is true to the best of my knowledge. Providities to the individual and to the water system.	ing false information may result in
Printe	ed Name: Eric Schaafsma	Title: Contractor
Signat	ture:	Date: 25-7074

Return completed reports by March 31, 2024. Email: <a href="mailto:cross.connection@odhsoha.oregon.gov">cross.connection@odhsoha.oregon.gov</a>, 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 <a href="https://www.healthoregon.org/dws">www.healthoregon.org/dws</a> and click on the 'Sign Up for DWS News' button!

To get Cross Connection notifications, go to <a href="www.healthoregon.org/crossconnection">www.healthoregon.org/crossconnection</a> and click on the 'Sign Up for Cross Connection News'