



## 2023 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

Received Feb 5 2024 Cross Connection

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	ease fill out the Annual Summary Report accurately and completely with data from 2023. Keep a completed py for your records.				
ΡI	LEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.				
En	eturn completed reports by March 31, 2024 nail: <a href="mailto:cross.connection@odhsoha.oregon.gov">cross.connection@odhsoha.oregon.gov</a> , Fax: 971-673-0694 ail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293				
1.	Water System Name: Willow Estates MHP PWS ID# 41-01354				
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.				
	a. Do you have any residential connections in your water system?   Yes No How many: 170				
	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?				
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: <a href="www.healthoregon.org/crossconnection">www.healthoregon.org/crossconnection</a> . If you have not submitted an enabling authority to the State, please complete one and submit it as soon as possible.				
6. 7.					

_	Certified Cross Connection Specialist Information:  Water system Employee Contracted service				
N	ame:	Cert #:			
E	mail Address:	Phone #:			
D	oes your water system have a current w	ritten backflow prevention program plan?	Yes No		
	oes the <u>backflow prevention plan</u> includ A list of premises where health hazard cross of those listed in Table 42 (High Hazard Table).	connections exist, including, but not limited to,	Yes No		
b	Procedure for continually evaluating the opremises.	degree of hazard posed by a water users	Yes No		
c.	Procedure for notifying the water user if a identified, and for informing the water us		Yes N		
d	The type of protection required to prevent commensurate with the degree of hazard		Yes N		
e.	A description of what corrective actions with the water suppliers cross connection	will be taken if a water user fails to comply control requirements.	Yes N		
f.	Current records of approved backflow procompleted, test results, and verification of	evention assemblies installed, inspections f current backflow assembly tester certification	Yes No		
g	A public education program about cross of	connection control.	Yes N		
w	•	Prevention Assemblies (RP, RPBA, & RPDA) inses, answer the questions below) water system?	stalled in your		
b	How many assemblies were tested?				
C.	How many assemblies passed their annual to	est?	2		
d	How many assemblies failed their annual test		5:		

12. Do	you have any Double Check Backflow Prevention Assemblies (DC, DCVA, & DCDA) installed in your water				
sy	tem? 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:				
	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. 1-	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:				
	y the information provided is true to the best of my knowledge. Providing false information may result in es to the individual and to the water system.				
Printed Name: Eric Schaafsma Title: Contractor					
Signa	ure: Date: Date:				

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? <a href="mailto:cross.connection@odhsoha.oregon.gov">cross.connection@odhsoha.oregon.gov</a> 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="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'