

2024 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

Received Mar 202025 Cross Connection

Please fill out the Annual Summary Report accurately and completely with data from 2024. Keep a completed copy for your records. PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING. Submit completed reports by March 31, 2025 Email: cross.connection@odhsoha.oregon.gov, Fax: 971-673-0694 Mail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293 PWS ID# 41-00012 1. Water System Name: CITY OF ALBANY 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: BRET JOHNSON Phone #:541-791-0031 Email: bret.johnson@cityofalbany.net 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: 18,602 b. Do you have any high hazard connections in your water system? Yes No How many: 605 c. Do you have any other types of connections not listed above? ☐ Yes ■ No How many: _____ Comments: 5. Does your water system have an enabling authority?

Yes No (see note above) 6. Was your enabling authority revised within the last year? Yes, email a copy to cross.connection@odhsoha.oregon.gov ■ No

QL	IESTIONS 8 - 10 are for LARGE SYSTEMS ONLY (Large = 300+ Service	e Connect	ions) and are	
spe	ecific to the required written backflow prevention program plan outline	d in OAR	<u>333-061-</u>	
00	70(9)(b)			
7.	Certified Cross Connection Specialist Information: ■ Water system Employee □ Contracted service Name: BRET JOHNSON		Cert #: <u>4193</u> Phone #: ⁵⁴¹⁻⁷⁹¹⁻⁰⁰³¹	
	Email Address: bret.johnson@cityofalbany.net	Phone #: ⁵⁴¹⁻⁷⁹¹⁻⁰⁰³¹		
8.	Does your WS have a current written backflow prevention program	ram plan? Yes No		
	Does the <u>backflow prevention plan</u> include the following: a. A list of premises where health hazard cross connections exist, including, but not limited to, those listed in Table 46 (High Hazard Table). Yes ☐ No			
	b. Procedure for continually evaluating the degree of hazard posed by a users premises.	¥ Yes ☐ No		
	c. Procedure for notifying the water user if a non-health hazard or health identified, and for informing the water user of any corrective action red	¥ Yes ☐ No		
	d. The type of protection required to prevent backflow into the public was commensurate with the degree of hazard that exists on the water use premises.	₩ Yes □ No		
	e. A description of what corrective actions will be taken if a water user facomply with the water suppliers cross connection control requirements	₩ Yes □No		
	f. Current records of approved backflow prevention assemblies installed inspections completed, test results, and verification of current backflow assembly tester certification.	₩ Yes □ No		
	g. A public education program about cross connection control.		Yes No	
10. 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?	615		
	b. How many assemblies were tested?	597		
	c. How many assemblies passed their annual test?	588		
	d. How many assemblies failed their annual test?	34	34	
Со	mments:			

11. Do you have any Double Check Backflow Prevention Assemblies (DC, DCVA, & DCDA)			
installed in your water system? Yes No (if you answered yes, answered)	r the questions below) 5343		
How many assemblies are installed in your water system?How many assemblies were tested?	5219		
	5139		
c. How many assemblies passed their annual test?	140		
d. How many assemblies failed their annual test?			
e. Comments:			
 12. Do you have any Pressure Vacuum Breaker Assemblies (PVB, P 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: 	VBA, & SVBA) installed 79 77 75 2		
I certify the information provided is true to the best of my known information may result in penalties to the individual and to the wa			
Printed Name: BRET JOHNSON Title: SPECIALIST			
Signature: Bullylun	Date: 3/20/2025		

Return completed reports by March 31, 2025.

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

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