



2019 ANNUAL SUMMARY REPORT (ASR) CROSS CONNECTION & BACKFLOW PREVENTION

Please fill out the Annual Summary Report accurately and completely with data from 2019. Keep a completed copy for your records. PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING. Return completed reports by March 31, 2020 Email: cross.connection@dhsoha.state.or.us, Fax: 971-673-0694 Mail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293 1. Water System Name: Ashland Water Department PWS ID# 41-00047 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 J. Elliott Address: 90 North Mountain State: OR. Zip: 97520 City: Ashland Email: larry.elliott@ashland.or.us 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: 7,989 a. Do you have any residential connections in your water system? ■ Yes No How many: 804 b. Do you have any high hazard connections in your water system? ■ Yes □No How many: 604 c. Do you have any other types of connections not listed above? 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@dhsoha.state.or.us

| QU | ESTIONS 8 - 10 are f | or LARGE SYSTEMS ONLY (Large | = 300+ Service | Connections) | and are specific | | |
|--|--|---|---------------------|-------------------|------------------|--|--|
| | | ckflow prevention program plan outli | | | | | |
| | | | | | | | |
| 8. | | ertified Cross Connection Specialist Information: | | | | | |
| | ■Water system Employ | yee Contracted service | | | | | |
| | Name: Larry J Elliott | | Cert #:_4920 | | | | |
| | Address: 90 North Mountain City: Ashland | | State: OR. | Zip: 97520 | 0 | | |
| | Email Address: larry.elliot | t@ashland.or.us | State. OK. | ZIp. <u>97320</u> | | | |
| | Phone #: 541-552-2327 | Alt Pho | ne #: | | | | |
| 9. | Does your water syst | em have a current written backflow p | prevention prog | ram plan? | ■ Yes □No | | |
| 10. Does the backflow prevention plan include the following: | | | | | | | |
| 101 | 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 conti | Procedure for continually evaluating the degree of hazard posed by a water user's | | | | | |
| | premises. | | | | ■ Yes □No | | |
| | D 1 CC | | | | | | |
| | 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. | | | | | | |
| | identified, and for i | froming the water user of any corrective | ve action require | a. | ■ 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. | | | 110 | ■ Yes □No | | |
| | | | user s pre- | | | | |
| | e. A description of wh | nat corrective actions will be taken if a v | water user fails to | comply | | | |
| | with the water suppliers cross connection control requirements. | | | | ■ Yes □No | | |
| | | | | | | | |
| | | approved backflow prevention assembli | es installed: | | ■ Yes ■ No | | |
| | i. inspections cor | 1 | | | ■ Yes □No | | |
| | | ention assembly test results on backflow | | emblies, | Yes No | | |
| | iii. verification of | current backflow assembly tester certifi | ication | | ■ Yes □No | | |
| | g. A public education | program about cross connection contro | 1. | | ■ Yes □No | | |
| | | | | | | | |
| 11. | Are there any backflow | v assemblies or devices installed in your v | water system? 🔳 | Yes No | | | |
| 10 | De seed house D. I | al Durana Darleta Darleta | LE- (DD DDD) | 0 DDD 43.1 | . 11 - 1 2 | | |
| 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) | | | | | | | |
| | | les are installed in your water system? | one velow) | | 804 | | |
| | | | | | 604 | | |
| | • | | | | 604 | | |
| | | es passed their annual test? | | | 32 | | |
| d. How many assemblies failed their annual test? Comments: The thirty two assemblies that failed were on the initial test. after they passed. | | | | | 3 | | |
| | | | | | nir and re-test | | |
| | | | | | | | |
| | | | (0.1 | | | | |

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| 13. Do you have any Double Check Backflow Prevention Assemblies (DC, DCVA, & DCDA) insta | alled in your water | | | | |
|---|----------------------|--|--|--|--|
| system? Yes No (if you answered yes, answer the questions below) | | | | | |
| a. How many assemblies are installed in your water system? | 2,846 | | | | |
| b. How many assemblies were tested? | 2,044 | | | | |
| c. How many assemblies passed their annual test? | 2,041 | | | | |
| d. How many assemblies failed their annual test? | 18 | | | | |
| e. Comments: The eighteen assemblies that failed were on the initial test. after report 15 passed. three assemblies were removed from service. | pair and re-test | | | | |
| 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) | | | | | |
| a. How many assemblies are installed in your water system? | 24 | | | | |
| b. How many assemblies were tested? | 18 | | | | |
| c. How many assemblies passed their annual test? | 18 | | | | |
| d. How many assemblies failed their annual test? | 0 | | | | |
| e. Comments: | | | | | |
| | | | | | |
| 15. Do you track any Atmospheric Vacuum Breakers (AVB) installed in your water sys | tem? Yes No | | | | |
| I certify the information provided is true to the best of my knowledge. Providing false inform penalties to the individual and to the water system. | nation may result in | | | | |
| Printed Name: LASSY J. ELLIOTT Title: W.O. Signature: May J. Cliott Date: 2/1 | TECHNICIAN | | | | |
| Signature: Jury J Chlott Date: 2/ | 18/20 | | | | |

Return completed reports by March 31, 2020 Email: cross.connection@dhsoha.state.or.us

Fax: 971-673-0694

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

Questions? 971-673-0321 or email: cross.connection@dhsoha.state.or.us

Drinking Water Updates

October 2018 was the last printed Pipeline! If you would like to continue receiving 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 'Subscribe to Email Alerts' button!

To get Cross Connection notifications, go to www.healthoregon.org/crossconnection and click on the 'Subscribe to Email Alerts'