



PUBLIC HEALTH DIVISION  
Center for Health Protection, Drinking Water Services  
Kate Brown, Governor

# Oregon Health

## 2021 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

Please fill out the Annual Summary Report accurately and completely with data from 2021. Keep a completed copy for your records.

**PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.**

Return completed reports by **March 31, 2022**

Email: [cross.connection@dhs.ohs.state.or.us](mailto:cross.connection@dhs.ohs.state.or.us), Fax: 971-673-0694

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

1. Water System Name: NAUVOO MOBILE ESTATES PWS ID# 41-00055

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: CINDY GERBER

Email: gerbercdg@charter.net Phone #: 5416012727

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: 49

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](http://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@state.or.us](mailto:cross.connection@state.or.us)  No

QUESTIONS 8 - 10 are for LARGE SYSTEMS ONLY (Large = 300+ Service Connections) and are specific to the required written backflow prevention program plan outlined in OAR 333-061-0070(9)(b)

8. Certified Cross Connection Specialist Information:

Water system Employee       Contracted service

Name: \_\_\_\_\_ Cert #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

9. Does your water system have a current written backflow prevention program plan?       Yes  No

10. Does the backflow prevention plan include the following:

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 continually evaluating the degree of hazard posed by a water users premises.       Yes  No

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.       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.       Yes  No

e. A description of what corrective actions will be taken if a water user fails to comply with the water suppliers cross connection control requirements.       Yes  No

f. Current records of approved backflow prevention assemblies installed:       Yes  No

i. inspections completed,       Yes  No

ii. backflow prevention assembly test results on backflow prevention assemblies,       Yes  No

iii. verification of current backflow assembly tester certification       Yes  No

g. A public education program about cross connection control.       Yes  No

11. Are there any backflow assemblies or devices installed in your water system?  Yes  No

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)

a. How many assemblies are installed in your water system?      1

b. How many assemblies were tested?      1

c. How many assemblies passed their annual test?      1

d. How many assemblies failed their annual test?      0

Comments: \_\_\_\_\_

13. Do you have any **Double Check Backflow Prevention Assemblies** (DC, DCVA, & DCDA) 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: \_\_\_\_\_

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? \_\_\_\_\_
- 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 certify the information provided is true to the best of my knowledge. Providing false information may result in penalties to the individual and to the water system.

Printed Name: CINDY GERBER Title: OWNER

Signature: *Cindy Gerber* Date: 5/2/22

Return completed reports by **March 31, 2022**

Email: [cross.connection@dhsosha.state.or.us](mailto:cross.connection@dhsosha.state.or.us) Fax: 971-673-0694 or

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

Questions? [cross.connection@dhsosha.state.or.us](mailto:cross.connection@dhsosha.state.or.us) 971-673-0321

◆ **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](http://www.healthoregon.org/dws) and click on the **'Subscribe to Email Alerts'** button!

To get Cross Connection notifications, go to [www.healthoregon.org/crossconnection](http://www.healthoregon.org/crossconnection) and click on the **'Subscribe to Email Alerts'**

# SO BACKFLOW TECHS

5247-1

PO BOX 1545  
MEDFORD OR 97501  
(541) 779-8927

934 NW COOKE AVE  
GRANTS PASS OR 97526  
(541) 472-0280

- NEW
- EXISTING
- REMOVED
- REPLACED

## BACKFLOW ASSEMBLY TEST REPORT

PROPERTY OWNER: CINDY GERBER  
MAILING ADDRESS: 715 E PINE ST  
CITY: CENTRAL POINT  
ASSEMBLY ADDRESS: 2020 99 HWY N

PHONE: (541) 601-2727

STATE: OR ZIP: 97502-  
ASHLAND OR

RPBA  DCVA RPDA  DCDA PVBA  SVBA  AVB  AIR GAP

SIZE: 2.00 MAKE: WATTS MODEL: LF007M1QT

WATER PURVEYOR: ASHLAND SERIAL NUMBER: 050252

ASSEMBLY LOCATION: RIGHT AFTER PARK AT END IN SHED

INITIAL TEST RESULTS	REDUCED PRESSURE ASSEMBLY		PVBA / SVBA		PASS <input checked="" type="checkbox"/> FAIL DATE <u>5/2/2022</u> SYSTEM PSI: <u>50</u>
	#1 Check Press Drop	DOUBLE CHECK	AIR INLET OPENED AT	CHECK PRESS DROP	
Roll of Opened At		CHECK #1 TIGHT <input checked="" type="checkbox"/> LEAKED <input checked="" type="checkbox"/> <u>2.4</u>			
BUFFER:		CHECK #2 TIGHT <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/> <u>2.8</u>	PSID DID NOT OPEN	PSID FAILED	
RELIEF VALVE PASS	RELIEF VALVE FAIL				

COMMENTS REPAIRS AND / OR PARTS: COMMENTS:  
CITY/METER NO:  
ENTER BY HUMAN BEAN

TEST AFTER REPAIRS	REDUCED PRESSURE ASSEMBLY		PVBA / SVBA		AFTER REPAIRS PASS DATE TEST PASS
	#1 CHECK PRESS DROP	DCVA	AIR INLET OPENED AT	CHECK PRESS DROP	
RELIEF OPENED		CHECK #1 TIGHT			
BUFFER:		CHECK #2 TIGHT			

INCOMPLETING AND SUBMITTING THIS TEST REPORT, THE TESTER CERTIFIES THAT THE ASSEMBLY HAS BEEN TESTED AND MAINTAINED IN ACCORDANCE WITH ALL APPLICABLE RULES AND REGULATIONS OF THE WATER SYSTEM AND STATE REGULATIONS

GAUGE CALIBRATION DATE: 06/10/21 DETECTOR METER READING

TESTERS SIGNATURE: Cynthia Sander CERT #: 5639  
TESTERS NAME PRINTED: CYNTHIA SANDER GAUGE: 09182474  
TESTERS ADDRESS: 934 NW COOKE AVE GRANTS PASS OR PHONE: 779-8927  
COMPANY NAME: SOUTHERN OREGON BACKFLOW SERVICES #  SERVICE RESTORE  
REPORT RECEIVED BY: PERMIT: