

2024 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

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 1. Water System Name: NAUVOO MOBILE ESTATES PWS ID# 41-00052 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 AND LAUREN GERBER Phone #:541-601-2727 Email: gerbercdg@charter.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: 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: ☐ No (see note above) 5. Does your water system have an enabling authority? 6. Was your enabling authority revised within the last year? Yes, email a copy to cross.connection@odhsoha.oregon.gov ■ No

800 NE Oregon Street suite 640, Portland, OR, 97232 | Voice: 971-673-0321 | Fax: 971-673-0694 All relay calls accepted | www.healthoregon.org/dws

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	ESTIONS 8 - 10 are for LARGE SYSTEMS ONLY (Large = 300+ Service Connect	
	cific to the required written backflow prevention program plan outlined in OAR	<u> </u>
	<u>/0(9)(b)</u>	
	Certified Cross Connection Specialist Information: Water system Employee	
	Name:	
	Email Address: Phone #	
8.	Does your WS have a current written backflow prevention program plan?	☐ Yes ☐ No
9.	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 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
į	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, R RPDA) installed in your water system? ☐Yes ■No (if you answered yes, answer the questions below)	PBA, &
	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?	
Co	omments:	•
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11. Do you have any Double Check Backflow Prevention Assemb	
installed in your water system? Yes No (if you answered yes, and	swer the guestions below)
a. How many assemblies are installed in your water system?	3
b. How many assemblies were tested?	3
c. How many assemblies passed their annual test?	
d. How many assemblies failed their annual test?	0
e. Comments:	
 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 I information may result in penalties to the individual and to the	
Printed Name: CINDY GERBER	Title: OWNER
Signature: Carolina Signature:	Date: 3/30/25

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

To get Cross Connection notifications, go to www.healthoregon.org/crossconnection and click on the 'Sign Up for Cross Connection News'

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	OR 97501		GRANTS PASS OR 97526						EXISTING			
(541) 77	9-8927	(541) 472-0	280			REMOVED					
BACKFLOW ASSEMBLY TEST REPORT									REPLACED			
PROPERT								PHONE: (541) 601-2727				
OWNER	715 E P	-					,					
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	Opened At		LEAKED CHECK #2		<u>2.3</u>	PSID		PSID . FAILED		<u>3/26/</u>	2025	
	RELIEF	☐ SET		TIGHT	<u>2.2</u>	DID NOT OPEN		PAILED		SYSTEM		
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SO BACKFLOW TECHS												
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BACKFLOW ASSEMBLY TEST REPORT									REPLACED			
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OWNER MAILING	<u>715 E</u>	PINE ST	Ľ								ŀ		
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	ASSEMBLY HAS BEEN TESTED AND MAINTAINED IN ACCORDANCE WITH ALL APPLICABLE												
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TESTERS		GARRETT SANDER GAUGE 09182474							2474				
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