

**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
Email: gerbercdg@charter.net Phone #: 541-601-2727
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: _____
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

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

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)

7. Certified Cross Connection Specialist Information:

☐ Water system Employee ☐ Contracted service

Name: _____ Cert #: _____

Email Address: _____ Phone #: _____

8. Does your WS have a current written backflow prevention program plan? ☐ Yes ☐ No

9. 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 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

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? _____

b. How many assemblies were tested? _____

c. How many assemblies passed their annual test? _____

d. How many assemblies failed their annual test? _____

Comments: _____

11. 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? 3
- b. How many assemblies were tested? 3
- c. How many assemblies passed their annual test? 3
- d. How many assemblies failed their annual test? 0
- e. Comments: _____

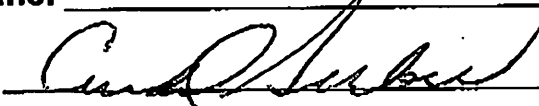
12. Do you have any **Pressure Vacuum Breaker Assemblies (PVB, PVBA, & SVBA)** installed in your water system?

☐ 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:  Date: 3/30/25

Return completed reports by **March 31, 2025**.

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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**'

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

PHONE: (541) 601-2727

PROPERTY CINDY GERBER

OWNER
MAILING 715 E PINE ST
ADDRESS

CITY: CENTRAL POINT

STATE OR

ZIP: 97502-

ASSEMBLY 2020 99 HWY
ADDRESS

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 SHED SOUTH OF SOUTH STORAGE TANK

INITIAL TEST RESULTS	REDUCED PRESSURE ASSEMBLY		PVBA / SVBA		PASS <input checked="" type="checkbox"/> FAIL <input type="checkbox"/> DATE <u>3/26/2025</u> SYSTEM PSI: <u>50</u>
	#1 Check Press Drop Relief Opened At	DOUBLE CHECK CHECK #1 TIGHT <input checked="" type="checkbox"/> 2.3 LEAKED <input type="checkbox"/> CHECK #2 TIGHT <input checked="" type="checkbox"/> 2.2 LEAKED <input type="checkbox"/>	AIR INLET OPENED AT PSID DID NOT OPEN <input type="checkbox"/>	CHECK PRESS DROP PSID FAILED <input type="checkbox"/>	
	<input type="checkbox"/> RELIEF VALVE PASS <input type="checkbox"/> RELIEF VALVE FAIL				

COMMENTS REPAIRS AND / OR PARTS

COMMENTS:
CITY NO:
ENTER BY HUMAN BEAN

TEST AFTER REPAIRS	REDUCED PRESSURE ASSEMBLY		PVBA / SVBA		AFTER REPAIRS PASS DATE TEST PASS <input type="checkbox"/>
	#1 CHECK PRESS DROP RELIEF OPENED	DCVA CHECK #1 TIGHT <input type="checkbox"/> CHECK #2 TIGHT <input type="checkbox"/>	AIR INLET OPENED AT	CHECK PRESS DROP	

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

06/10/24

DETECTOR METER READING

TESTERS SIGNATURE

Garrett Sander

CERT # 63333

TESTERS NAME PRINTED

GARRETT SANDER

GAUGE 09182474

TESTERS ADDRESS

934 NW COOKE AVE GRANTS PASS OR

PHONE 779-8927

COMPANY NAME

SO BACKFLOW TECHS

☒ SERVICE RESTORE

REPORT RECEIVED BY

PERMIT:

SO BACKFLOW TECHS

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BACKFLOW ASSEMBLY TEST REPORT

PHONE: (541) 601-2727

PROPERTY OWNER CINDY GERBER

MAILING ADDRESS 715 E PINE ST

CITY: CENTRAL POINT

STATE OR

ZIP: 97502-

ASSEMBLY ADDRESS 2020 99 HWY

ASHLAND OR

☐ RPBA ☒ DCVA ☐ RPDA ☐ DCDA ☐ PVBA ☐ SVBA ☐ AVB ☐ AIR GAP

SIZE 2.00 MAKE WATTS

MODEL LF007M1QT

WATER PURVEYOR ASHLAND

SERIAL NUMBER 073481

ASSEMBLY LOCATION IN NEW SHED MIDDLE OF CIRCLE AT STREET END

INITIAL TEST RESULTS	REDUCED PRESSURE ASSEMBLY		PVBA / SVBA		PASS <input checked="" type="checkbox"/> FAIL <input type="checkbox"/> DATE <u>3/26/2025</u> SYSTEM PSI: <u>65</u>
	#1 Check Press Drop Relief Opened At	DOUBLE CHECK CHECK #1 TIGHT <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/> <u>2.4</u> CHECK #2 TIGHT <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/> <u>2.3</u>	AIR INLET OPENED AT PSID DID NOT OPEN <input type="checkbox"/>	CHECK PRESS DROP PSID FAILED <input type="checkbox"/>	
	<input type="checkbox"/> RELIEF VALVE PASS <input type="checkbox"/> RELIEF VALVE FAIL				

COMMENTS
REPAIRS AND / OR PARTS
CITY NO:

TEST AFTER REPAIRS	REDUCED PRESSURE ASSEMBLY		PVBA / SVBA		AFTER REPAIRS PASS DATE TEST PASS <input type="checkbox"/>
	#1 CHECK PRESS DROP RELIEF OPENED	DCVA CHECK #1 TIGHT <input type="checkbox"/> CHECK #2 TIGHT <input type="checkbox"/>	AIR INLET OPENED AT	CHECK PRESS DROP	

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GARRETT SANDER

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OWNER 715 E PINE ST

MAILING ADDRESS
CITY: CENTRAL POINT

STATE OR

ZIP: 97502-

ASSEMBLY ADDRESS 2020 99 HWY

ASHLAND OR

☐ RPBA ☒ DCVA ☐ RPDA ☐ DCDA ☐ PVBA ☐ SVBA ☐ AVB ☐ AIR GAP

SIZE 2.00 MAKE WATTS MODEL LF007M1QT

WATER PURVEYOR ASHLAND SERIAL NUMBER 084571

ASSEMBLY LOCATION PUMP HOUSE @ NORTH STORAGE TANK

INITIAL TEST RESULTS	REDUCED PRESSURE ASSEMBLY		PVBA / SVBA		PASS <input checked="" type="checkbox"/> FAIL <input type="checkbox"/> DATE <u>3/26/2025</u> SYSTEM PSI: <u>50</u>
	#1 Check Press Drop Relief Opened At	DOUBLE CHECK CHECK #1 TIGHT <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/> <u>1.6</u> CHECK #2 TIGHT <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/> <u>1.4</u>	AIR INLET OPENED AT PSID DID NOT OPEN <input type="checkbox"/>	CHECK PRESS DROP PSID FAILED <input type="checkbox"/>	
	<input checked="" type="checkbox"/> RELIEF VALVE PASS <input type="checkbox"/> RELIEF VALVE FAIL				

COMMENTS REPAIRS AND / OR PARTS
CITY NO:

TEST AFTER REPAIRS	REDUCED PRESSURE ASSEMBLY		PVBA / SVBA		AFTER REPAIRS PASS DATE TEST PASS <input type="checkbox"/>
	#1 CHECK PRESS DROP RELIEF OPENED	DCVA CHECK #1 TIGHT <input type="checkbox"/> CHECK #2 TIGHT <input type="checkbox"/>	AIR INLET OPENED AT	CHECK PRESS DROP	

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