



**2023 ANNUAL SUMMARY REPORT
CROSS CONNECTION & BACKFLOW PREVENTION**

Please fill out the Annual Summary Report accurately and completely with **data from 2023**. Keep a completed copy for your records.

PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.

Return completed reports by **March 31, 2024**

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:** Burnside Water Association PWS ID# 41-00054

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: Nikki Ford

Email: bwah20@gmail.com

Phone #: 503-325-5525

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: 113

b. Do you have any high hazard connections in your water system? Yes No How many: 0

c. Do you have any other types of connections not listed above? Yes No How many: 0

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@odhsoha.oregon.gov

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: Certified Backflow Valve Testing Service Cert #: 440-0440

Email Address: cindersolson@gmail.com Phone #: 503-440-0440

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 (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

11. 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? 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

Comments: _____

Составить:

1. Подпись _____

2. Подпись _____

3. Подпись _____

4. Подпись _____

11. До 10.00. Подпись _____

5. Укажите фамилию и имя _____

6. Укажите фамилию и имя _____

7. Укажите фамилию и имя _____

8. Укажите фамилию и имя _____

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23. Укажите фамилию и имя _____

24. Укажите фамилию и имя _____

25. Укажите фамилию и имя _____

12. 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? 5
- b. How many assemblies were tested? 5
- c. How many assemblies passed their annual test? 5
- d. How many assemblies failed their annual test? 0
- e. Comments: _____

13. 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: Nikki Ford Title: Secretary

Signature:  Date: 1-15-23

Return completed reports by **March 31, 2024**. 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

💧 **Drinking Water Updates** 💧

If you would like to receive 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 **'Sign Up for DWS News'** button!

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

Section 1: General Information

1. Name of the organization: [Illegible]

Section 2: Purpose of the Project

2. Description of the project: [Illegible]

3. Date of completion: [Illegible]

4. Location of the project: [Illegible]

5. Name of the project manager:

[Handwritten signature]

6. Date:

[Handwritten date]

7. Name of the sponsor:

[Handwritten name]

8. Title:

[Handwritten title]

9. Objectives of the project:

10. Expected results: [Illegible]

- a. [Illegible]
- b. [Illegible]
- c. [Illegible]
- d. [Illegible]

11. [Illegible]

12. [Illegible]

- a. [Illegible]
- b. [Illegible]
- c. [Illegible]
- d. [Illegible]
- e. [Illegible]

[Handwritten marks]

13. [Illegible]

14. [Illegible]