

2024 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

Received Mar 28 2025 Cross Connection

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 41-00058 1. Water System Name: WILLOW DALE WATER DISTRICT PWS ID# 41×50000XX 2. What size is your water system? 3. ASR Contact Information: (if there are questions about the ASR who should we contact?) Name: DOROTHY GILLIES Phone #: 503-468-0006 Email: willowdalewater@gmail.com 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: ¥ 135 b. Do you have any high hazard connections in your water system? ■ Yes

No How many: ¹ 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? No (see note above) 6. Was your enabling authority revised within the last year? ■ No Yes, email a copy to cross.connection@odhsoha.oregon.gov

QUESTIONS 8 - 10 are for LARGE SYSTEMS ONLY (Large = 300+ Service Connections) and are			
	ecific to the required written backflow prevention program plan outlined in OAR	333-061-	
<u>0070(9)(b)</u>			
7.	Certified Cross Connection Specialist Information:		
	☐ Water system Employee ☐ Contracted service		
	Name: Various: JP Plumbing/Certified Backflow Valve Cert #: 3073/3136 Email Address: andersolson@ghail com 503-325-2830 Phone #:503-446-0446		
	Email Address: andersolson ghail com 503-325-2850 Phone #	503-440-0446	
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	
	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?		
	How many assemblies were tested?		
	c. How many assemblies passed their annual test?		
	d. How many assemblies failed their annual test?		
Comments:			
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11. Do you have any Double Check Backflow Prevention Assemblies	(DC, DCVA, & DCDA)		
installed in your water system? Tes \(\subseteq No \) (if you answered yes, answer	the questions below)		
a. How many assemblies are installed in your water system?	10		
b. How many assemblies were tested?	10		
c. How many assemblies passed their annual test?	10		
d. How many assemblies failed their annual test?	0		
e. Comments:			
12. Do you have any Pressure Vacuum Breaker Assemblies (PVB, PV	/BA, & 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 know information may result in penalties to the individual and to the wa			
Printed Name: Dorothy Gillies Title: Sec/Board Member			
Signature: Norothy Hellies 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

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