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2017 ANNUAL SUMMARY REPORT (ASR) CROSS CONNECTION & BACKFLOW PREVENTION

Please fill out the Annual Summary Report accurately and completely with data from 2017. Keep a completed copy for your records. PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING. Return completed reports by March 31, 2018 Email: cross.connection@state.or.us, Fax: 971-673-0694 Email Mail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293 1. Water System Name: Wickiup Water District PWS ID# 41-00063 2. What size is your water system? Small (1-299 connections) Large (300+ connections) 3. **ASR Contact Information:** (if there are questions about this report who should we contact?) Name: Dan Waterbury Address: 92648 Svensen Market Rd. City: Astoria State: OR Zip: 97103 Email: wickiupwaterdistrict@hotmail.com Phone #: 503-458-6555 4. Customer Base: Who does your water system serve? Count each service connection only once, include connections with and without a backflow assembly. Yes No How many: 624 a. Do you have any residential connections in your water system? Yes No How many: 6 b. Do you have any high hazard connections in your water system? 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. 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

Oregon Cross Connection & Backflow Prevention Annual Summary Report

| | ertified Cross Connection Specialist Information: Water system Employee Contracted service | |
|-------|--|-----------------|
| | ame: Chris Jackson Cert #: U200 | |
| | ldress:92755 Allen Rd. | |
| | ty: Astoria State: OR Zip: 97103 | |
| | nail Address: | |
| - 1 | Att I flofic #, 500 400 0401 | |
| D | oes your water system have a current written backflow prevention program plan? | ■ Yes □No |
| | oes 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 user's | |
| | premises. | ■ Yes □No |
| | | |
| c. | Procedure for notifying the water user if a non-health hazard or health hazard is | P00009 |
| | 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 |
| | The second of th | |
| 1. Aı | re there any backflow assemblies or devices installed in your water system? Yes No | |
| 2. Do | you have any Reduced Pressure Backflow Prevention Assemblies (RP, RPBA, & RPDA) ins | stalled in your |
| | tter system? Yes No (if you answered yes, answer the questions below) | DAM . |
| a. | How many assemblies are installed in your water system? | 6 |
| b. | How many assemblies were tested? | 0 |
| c. | How many assemblies passed their annual test? | |
| d. | How many assemblies failed their annual test? | |
| | Comments: Letters were sent requesting test results | |
| | | |
| | | |
| | | |

| 13. Do | you have any Double Check Backflow Prevention Assemblies (DC, DCVA, & DCDA) installed | in your water |
|----------|--|---------------------|
| sys | stem? Yes No (if you answered yes, answer the questions below) | |
| a. | How many assemblies are installed in your water system? | 13 |
| b. | How many assemblies were tested? | 13 |
| c. | How many assemblies passed their annual test? | 13 |
| 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 w | vater 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: | |
| | | |
| | | |
| 15. Do | you track any Atmospheric Vacuum Breakers (AVB) installed in your water system? | Yes No |
| I certif | by the information provided is true to the best of my knowledge. Providing false information es to the individual and to the water system. | n may result in |
| Printe | d Name: Special Title: Special | CONNECTION ILIST |
| Signati | ure: 1- C. Date: 5/20/19 | · |
| | | |

Return completed reports by March 31, 2018
Email: cross.connection@state.or.us or click the email button

Email

Fax: 971-673-0694

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