



2022 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

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	e fill out the Annual Summary Report accurately and completely with data from 2022. Keep a complet for your records.	cc
PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.		
Email	n completed reports by March 31, 2023 d: cross.connection@dhsoha.statc.or.us, Fax: 971-673-0694 DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293	
1. W	Vater System Name: Wesleyn Woogn Village PWS ID# 41-10007	Ļ
2. W	hat size is your water system? Small (1-299 connections) Large (300+ connections)	
	SR Contact Information: (if there are questions about the ASR who should we contact?) amc: Maricelle Jeasne He	
	mail: Maricellejeannette Quail. Com Phone #: 503-678-1397	
	ustomer Base: Who does your water system serve? Count each service connection only once, include onnections with and without a backflow assembly.	×
a.	Do you have any residential connections in your water system? Yes No How many: 4	9
ъ.	Do you have any high hazard connections in your water system? Yes No How many:	_
	Do you have any other types of connections not listed above? Wes INO How many: Ments: Commercial Councilian for Tour Office.	
Comn	nents: COVIVIDACIO POLICION TOVI I CIR OFFICE.	
wa en 6. De 7. W	n enabling authority is required for all community water systems. The enabling authority allows for a ater system to discontinue service for various reasons. A sample enabling authority is available for smalater systems on our website: www.healthoregon.org/crossconnection . If you have not submitted an abling authority to the State, please complete one and submit it as soon as possible. The open water system have an enabling authority? Yes No (see note above) Yes, email a copy to the Cross Connection program cross.connection@state.or.us No	u

01/09/2023 9:50 PM FAX 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: _____ Cert #:____ Email Address: Phone #: _____ Alt Phone #: 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, Yes No those listed in Table 42. b. Procedure for continually evaluating the degree of hazard posed by a water users Yes No premises. 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 c. 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: Ycs 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 12. 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?

Oregon Cross Connection & Backflow Prevention Annual Summary Report Received Time Jan. 9, 2023 6:56PM No. 9238

Comments:

d. How many assemblies failed their annual test?

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