



Kate Brown, Governor

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2021 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION Certification Drinking Water Services

copy	se fill out the Annual Summary Report accurately and completely with data from 2021 . Keep a completed very for your records.
PLE	EASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.
Retu Ema Mai	arn completed reports by March 31, 2022 hil: cross.connection@dhsoha.state.or.us , Fax: 971-673-0694 1: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293
1.	Water System Name: Four Sca Sous Mobile Home Park PWS ID# 41-00118
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: James Norconk Email: Jwnorconk 7 @gmayl. Com Phone #: 458-206-8485
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: 39
	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?
Co	omments:
5. 6. 7.	the revised within the last year?

QUESTIONS 8 - 10 are for LARGE SYSTEMS ONLY (Large = 300+ Service to the required written backflow prevention program plan outlined in OAR 33)5-001-001-0
8. Certified Cross Connection Specialist Information:	
Name:	
Email Address: Alt Phone #:	
9. Does your water system have a current written backflow prevention pro	ogram plan? Yes No
 10. Does the <u>backflow prevention plan</u> include the following: a. A list of premises where health hazard cross connections exist, including, but no those listed in Table 42. 	ot limited to, ☐ Yes ☐No
 b. Procedure for continually evaluating the degree of hazard posed by a war premises. 	
c. Procedure for notifying the water user if a non-health hazard or health hazard identified, and for informing the water user of any corrective action required.	
d. The type of protection required to prevent backflow into the public water commensurate with the degree of hazard that exists on the water user's	er supply, premises. □ Yes □No
e. A description of what corrective actions will be taken if a water user fair with the water suppliers cross connection control requirements.	ils to comply ☐ Yes ☐No
f. Current records of approved backflow prevention assemblies installed: i. inspections completed, ii. backflow prevention assembly test results on backflow prevention	Yes No Yes No Yes No Yes No Yes No
iii. verification of current backflow assembly tester continuation	☐ Yes ☐No
g. A public education program about cross connection control.	
 11. Are there any backflow assemblies or devices installed in your water system 12. Do you have any Reduced Pressure Backflow Prevention Assemblies (RP, R 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? 	m? □Yes □No RPBA, & RPDA) installed in your

13. 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)
Harmon assemblies are installed in your water system?
 a. How many assemblies are instance in your waters b. How many assemblies were tested? c. How many assemblies passed their annual test? 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 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: James Nov Cont Title: OPerator
Signature: James Narcal Date: 2-8-22
Return completed reports by March 31, 2022 Email: cross.connection@dhsoha.state.or.us , Fax: 971-673-0694 or Mail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293

Questions? cross.connection@dhsoha.state.or.us 971-673-0321

Drinking Water Updates

October 2018 was the last printed Pipeline! If you would like to continue receiving 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 'Subscribe to Email Alerts' button!

To get Cross Connection notifications, go to www.healthoregon.org/crossconnection and click on the 'Subscribe to Email Alerts'