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JAN 23 2024

2023 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

Certification
Drinking Water Services

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:** Four Seasons 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: jwnorconk7@gmail.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? 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@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: _____ Cert #: _____

Email Address: _____ 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, 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? _____
- b. How many assemblies were tested? _____
- c. How many assemblies passed their annual test? _____
- d. How many assemblies failed their annual test? _____

Comments: _____

NONE Installed

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? _____

b. How many assemblies were tested? _____

c. How many assemblies passed their annual test? _____

d. How many assemblies failed their annual test? _____

e. Comments: _____

NONE Installed

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: James Norgonk Title: Operator

Signature: James Norgonk Date: 1-15-24

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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'**