





2019 ANNUAL SUMMARY REPORT (ASR) CROSS CONNECTION & BACKFLOW PREVENTION

Please fill out the Annual Summary Report accurately and completely with data from 2019. Keep a completed copy for your records.					
PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.					
eturn completed reports by March 31, 2020 nail: cross.connection@dhsoha.state.or.us , Fax: 971-673-0694 fail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293					
Water System Name: CITY OF CARLTON PWS ID# 41-0017	1				
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: BRYAN BURNHAM					
Address: 191 E. MAIN ST.					
City: CARLTON State: OR Zip: 97111					
Email: bburnham@ci.carlton.or.us Phone #: 503-434-2175					
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 \(\text{No How many:} \(\text{How many:} \)	53				
b. Do you have any high hazard connections in your water system? Yes No How many: 1	4				
c. Do you have any other types of connections not listed above? Yes No How many: 8	1				
omments:					
An <u>enabling authority</u> is required for all community water systems. The enabling authority allows twater system to discontinue service for various reasons. A sample enabling authority is available for water systems on our website: <u>www.healthoregon.org/crossconnection</u> . If you have not submitted an enabling authority to the State, please complete one and submit it as soon as possible.	small				
Does your water system have an enabling authority? Yes No (see note above) Was your enabling authority revised within the last year? Yes, email a copy to the cross connection program cross.connection@dhsoha.state.or.us No					

QUESTIONS 8 - 10 are for LARGE SYSTEMS ONLY (Lar	rge = 300+ Service	Connections)	and are specific	
to the required written backflow prevention program plan	outlined in OAR 33	33-061-0070(9	<u>)(b)</u>	
8. Certified Cross Connection Specialist Information: [Water system Employee			The state of the s	
Name: ADVANCE BACKFLOW TESTING LLC - TOM DAVIS				
Address: 3358 WATSON AVE. N.E.				
City: SALEM	State: OR Zip: 97301			
Email Address: advancetesting1@yahoo.com	Phone #: 503-851-1246	*		
Phone #: 503-364-8778 Alt I	Phone #: 303-631-1240			
9. Does your water system have a current written backflo	w prevention pro	gram plan?	Yes No	
10. Does the backflow prevention plan include the followin	g:			
 a. A list of premises where health hazard cross connections exist those listed in Table 42. 		t limited to,	Yes No	
 b. Procedure for continually evaluating the degree of hazar premises. 	rd posed by a wate	er user's	■ Yes □No	
c. Procedure for notifying the water user if a non-health had identified, and for informing the water user of any corre	azard or health haz ective action requir	card is red.	Yes No	
d. The type of protection required to prevent backflow into commensurate with the degree of hazard that exists on t			Yes No	
 e. A description of what corrective actions will be taken if with the water suppliers cross connection control require 		to comply	Yes No	
f. Current records of approved backflow prevention assem	ablies installed:		Yes No	
i. inspections completed,			Yes No	
ii. backflow prevention assembly test results on backf	Yes No			
iii. verification of current backflow assembly tester cer	rtification		Yes No	
g. A public education program about cross connection con	itrol.		Yes No	
11. Are there any backflow assemblies or devices installed in yo	ur water system? [Yes No		
12. Do you have any Reduced Pressure Backflow Prevention Ass water system? Yes No (if you answered yes, answer the que	semblies (RP, RPBA	A, & RPDA) ins	talled in your	
a. How many assemblies are installed in your water system?			14	
b. How many assemblies were tested?			14	
14.5			14	
			0	
d. How many assemblies failed their annual test?			<u> </u>	
Comments:				

Advance Backflow Testing

13. Do yo	ou have any Double Check Backflow Prevention Assemblies (DC, DCVA,	& DCDA) installed in your water
syster	n? ■ Yes □No (if you answered yes, answer the questions below)	420
a. H	low many assemblies are installed in your water system?	130
b. H	Iow many assemblies were tested?	130
с. Н	low many assemblies passed their annual test?	114
d. H	low many assemblies failed their annual test?	16
e. C	Comments: Repairs are completed on all failures.	
_		
_		
14. Do yo	ou have any Pressure Vacuum Breaker Assemblies (PVB, PVBA, & SVBA	A) installed in your water system?
Ye	es No (if you answered yes, answer the questions below)	
a. I-I	Iow many assemblies are installed in your water system?	
ь. н	low many assemblies were tested?	
c. H	Now many assemblies passed their annual test?	
d. H	Now many assemblies failed their annual test?	
e. C	Comments:	
_		
_		
15. Do y	you track any Atmospheric Vacuum Breakers (AVB) installed in y	our water system? Tyes No
	the information provided is true to the best of my knowledge. Providing to the individual and to the water system.	ng false information may result in
Printed	Name: TOM DAVIS	Title: CCC SPECIALIST
Signatur	re: Lom Davis	Date: 3/27/20
~	14. I	

Return completed reports by March 31, 2020 Email: cross.connection@dhsoha.state.or.us

Fax: 971-673-0694

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

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

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'