



## 2023 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

Received Feb 29 2024 Cross Connection

	ease fill out the Annual Summary Report accurately and completely with data from 2023. Keep a completed py for your records.				
ΡI	LEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.				
En	eturn completed reports by March 31, 2024 mail: <a href="mailto:cross.connection@odhsoha.oregon.gov">cross.connection@odhsoha.oregon.gov</a> , Fax: 971-673-0694 ail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293				
1.	Water System Name: Terrace Mobile Plaza PWS ID# 41-00193				
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: Gary & Hayly Lester				
	Email: terrace@lagunaassetmanagement.com Phone #: 541-447-4464				
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: 72				
	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.	An <u>enabling authority</u> 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: <a href="www.healthoregon.org/crossconnection">www.healthoregon.org/crossconnection</a> . If you have not submitted an enabling authority to the State, please complete one and submit it as soon as possible.				
6. 7.					

3. (	Certified Cross Connection Specialist Information:  Water system Employee Contracted service	
1	Name: Cert #:	
I	Email Address: Phone #:	
	Does your water system have a current written backflow prevention program plan?	
0. <b>I</b>	Does the <u>backflow prevention plan</u> 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 ☐N
b	. Procedure for continually evaluating the degree of hazard posed by a water users premises.	Yes N
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
a.	you have any Reduced Pressure Backflow Prevention Assemblies (RP, RPBA, & RPDA) instance system? Yes No (if you answered yes, answer the questions below)  How many assemblies are installed in your water system?  How many assemblies were tested?  How many assemblies passed their annual test?	alled in your
d.	How many assemblies failed their annual test?  Comments:	
	Comments:	

12. Do	o you have any Double Check Backflow Prevention Assemblies (DC, DCVA, & DCDA	.) installed in your water			
sys	stem? Tyes 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?	was and the state of the state			
c.	How many assemblies passed their annual test?	<del></del>			
d.	. How many assemblies failed their annual test?				
e.	Comments:				
13. Do	Do you have any Pressure Vacuum Breaker Assemblies (PVB, PVBA, & SVBA) installed in your water system?				
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:				
Loomi	ify the information provided is true to the best of my knowledge. Providing false i				
	ities to the individual and to the water system.	mormation may result in			
Printe	ted Name: Mahela Lester, (Hayly) Title:	Manage 2/29/24			
Signa	ature: Mester Date:	2/29/24			
<b></b>					

Return completed reports by March 31, 2024. Email: <a href="mailto:cross.connection@odhsoha.oregon.gov">cross.connection@odhsoha.oregon.gov</a>, Fax: 971-673-0694 or Mail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293

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 <a href="https://www.healthoregon.org/dws">www.healthoregon.org/dws</a> and click on the 'Sign Up for DWS News' button!

To get Cross Connection notifications, go to <a href="https://www.healthoregon.org/crossconnection">www.healthoregon.org/crossconnection</a> and click on the 'Sign Up for Cross Connection News'

The Changes Since last year
Dregon Cross Connection & Backflow Prevention Annual Summary Report