Public Health Division

Drinking Water Services



2024 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

Received Mar 18 2025 Cross Connection

Please fill out the Annual Summary Report accurately and completely with **data from 2024**. Keep a completed copy for your records.

PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.

Submit completed reports by March 31, 2025

Email: <u>cross.connection@odhsoha.oregon.gov</u>, Fax: 971-673-0694 Mail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293

- 1. Water System Name: Woodland Mobile Home Park PWS ID# 41-00224
- 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: Larry Gibons
 Email: woodland@mhpmgt.com
 Phone #: 541-738-2594
- 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?
 Image: Yes in the provide the provided system in the provided system?
 - 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. Does your water system have an enabling authority?

No (see note above)

6. Was your enabling authority revised within the last year?
 Yes, email a copy to cross.connection@odhsoha.oregon.gov

🔳 No

800 NE Oregon Street suite 640, Portland, OR, 97232 | Voice: 971-673-0321 | Fax: 971-673-0694 All relay calls accepted | <u>www.healthoregon.org/dws</u>

QUESTIONS 8 - 10 are for LARGE S	YSTEMS ONLY (Large = 300+ Service Connections) and are				
specific to the required written backflow prevention program plan outlined in OAR 333-061-					
<u>0070(9)(b)</u>					

7.	Certified Cross Connection Specialist Information: Water system Employee Contracted service Name: Nathan Slocombe Cert #:	311450 541-929-4168
	Email Address: info@straub-landscape.com Phone #	. 541-929-4168
8.	Does your WS have a current <u>written backflow prevention program plan</u> ?	🗌 Yes 🗌 No
9.	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 🗌 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 i identified, and for informing the water user of any corrective action required.	s
	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

10. Do you have any Reduced Pressure Backflow Prevention Assembli RPDA) installed in your water system? Yes No <i>(if you answered yes, answer the questions below)</i>	es (RP, RPBA, &
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:	

11. Do you have any Double Check Backflow Prevention Assemblie	s (DC, DCVA, & DCDA)			
installed in your water system? I Yes No (if you answered yes, answer the questions below)				
a. How many assemblies are installed in your water system?	1			
b. How many assemblies were tested?	1			
c. How many assemblies passed their annual test?	1			
d. How many assemblies failed their annual test?	0			
e. Comments:				

12. 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:	Larry Gibons	/	Title: Manager
Signature:	John !!	la	Date: <u>03/14/2025</u>

Return completed reports by March 31, 2025.

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Questions? cross.connection@odhsoha.oregon.gov or 971-673-0321

To get Cross Connection notifications, go to <u>www.healthoregon.org/crossconnection</u> and click on the 'Sign Up for Cross Connection News'



	Design • Install • Maintain						
BACKFLOW					REMOVED		
PREVENTER REPORT					REPLACED		
L REPAIRED						old s/N: -745-4905	
	CONTACT N		Laura or La			PHONE	140 4000
	MAILING A		White Oak R			- FIRMALE	
				<u>u</u>	STATE O	D (11)	97333
		rvallis					97333
	PREVENTER		E white Oal	k Rd Corvallis	,	170155	
	WATER SUP				SERIAL #	176155	
	LOCATION	Inside workshop				:	
	MAKE	/atts	MODEL	007M1QT		SIZE <u>2"</u>	
	ТҮРЕ	RP RPDA RP	DA-II 🔀 DO		DCDA-II	PVB SVB	AVB AG
	HAZARD PR	OTECTED X PREMIS	ES ISOLATION	IRRIGATION	FIRE SYSTEM	BOILER	OTHER
and a second sec	APPROVED:	X ASSEMBLY X IN:	STALLATION [ORIENTATION	AIRGAP	PIPE SIZE	in SEPARATION IB
		REDUCED PI	RESSURE ASSI	MBLY	PVB.	A/SVBA	INITIAL TEST
			DOU	BLE CHECK	AIR INLET	CHECK VALVE	PASSED
		CHECK #1 PRESS	CHECK#1	L	OPENED AT:	PRESS DROP:	
		DROP:	TIGHT	× 1.7			FAILED X
	INITIAL TEST	MIN 5 PSID RELIEF VALVE	LEAKED	I./	MEN L PSID	MIN 1 PSID	date 12-19-24
	RESULTS	OPENED AT:	LISAKISD		OPENED	BRRT I FORD	DAIL 12-13-24
		MIN 2 PSID	CHECK #2		FULLY	FAILED	SYSTEM PSI 32
		RELIEF VALVE:	TIGHT	X	DID NOT		DETECTOR METER
		PASSED FAILED]		OPEN		READING:
			LEAKED	MIN 1 PSED			
		Initial observation found Test C	ock #1 missing due	st plug. One test cock	dust plug replaced at	end of test.	
	NOTES	Initial test failed: Check #2- 0.7	Tight				
	REPAIRS PARTS	Check Cover removed. Unable	to remove Check #	t in order to evaluate	Check #2.		
REDUCED PRESSURE ASSE			CMBLY	PVR	A/SVBA	TEST	
		BLE CHECK			AFTER REPAIRS		
		PRESS DROP:	CHECK#		AIR INLET	CHECK VALVE	
	REPAIR	MIN 5 PSID	TIGHT	XJ 1.2	OPENED AT:	PRESS DROP:	DATE 01-21-25
	RESULTS	RELIEF VALVE	CHECK #2		MIN (PSID)	MIN (PSID	DARE 01-21-20
		REIJEF VALVE MIN 2 PSID	TIGHT	X 1.8	OPIENED		PASSED X
		PASSED PAILED	7	MIN 1 PSID			
ł							DATE 04-15-2024
	In completing and submitting this test report, the tester certifics that the assembly was tested and maintained in accord					rdance with all applicable	
rules, laws, codes and regulations of the state and water system using approved testing equipment and approved					testing procedures.		
INIFIAL TEST			TEST AFTER REPAIRS			044450	
Noth Streen			Noth-SUC-			311450	
TÉSTER SIGNATURE Nathan Slocombe			TESTER SIGNATURE Nathan Slocombe		TESTER CERT # 541-929-4168		
			I			4	