



Received  
Mar 31 2025  
Cross Connection

PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.

**Submit completed reports by March 31, 2025**

Email: [cross.connection@odhsoh.oregon.gov](mailto:cross.connection@odhsoh.oregon.gov), Fax: 971-673-0694

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

1. Water System Name: Mint Acres Co-op PWS ID# 41- 00292
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: Cindy Salter  
Email: MINTACRES@GMAIL.COM Phone #: 214-534-3678
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: 13
- 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? ☐ Yes ☒ No (see note above)
6. Was your enabling authority revised within the last year?  
☐ Yes, email a copy to [cross.connection@odhsoha.oregon.gov](mailto: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)

**7. Certified Cross Connection Specialist Information:**

☐ Water system Employee ☒ Contracted service

Name: N/A Cert #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**8. Does your WS have a current written backflow prevention program plan?** ☐ Yes ☒ No

**9. 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

**10. Do you have any Reduced Pressure Backflow Prevention Assemblies (RP, RPBA, & RPDAs) 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. 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: \_\_\_\_\_

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: Cindy Salter Title: Contact

Signature: [Signature] Date: 3/4/25

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**Questions?** [cross.connection@odhsoha.oregon.gov](mailto:cross.connection@odhsoha.oregon.gov) or 971-673-0321

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