

KELLER Molly A

From: KELLER Molly A
Sent: Thursday, April 22, 2021 11:47 AM
To: nbowd@frontier.com
Cc: Nyberg Rebecca T (Rebecca.T.Nyberg@dhsoha.state.or.us)
Subject: 2020 Cross Connection ASR Follow Up - 41-00329 Nesika Beach Ophir Water District

Hi Pat,

I'm reviewing the 2020 cross connection ASR for NBOWD, and you listed Mark's Plumbing as your contracted cross connection specialist. I need the name and specialist certification number for the person, to make sure they are a certified cross connection specialist with our program.

Let me know!

Molly

Molly Keller, she/her
Program Analyst 2
OREGON HEALTH AUTHORITY
Public Health Division
Drinking Water Services
molly.a.keller@dhsoha.state.or.us
cross.connection@dhsoha.state.or.us
Mobile: 503-758-2834 (text ok)
Desk: 971-673-0418
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www.healthoregon.org/crossconnection

WFH Office Hours: T-F 6-4:30pm

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: Marks Plumbing

Mark Hendrix

Cert #: 105465

Email Address: _____

Phone #: 541 247 7662

Alt 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. 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: *NA* Yes No

i. inspections completed, *Ø in system* Yes No

ii. backflow prevention assembly test results on backflow prevention assemblies, Yes No

iii. verification of current backflow assembly tester certification Yes No

g. A public education program about cross connection control. Yes No

11. Are there any backflow assemblies or devices installed in your water system? Yes No

12. 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: _____

13. 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: _____

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14. 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: _____

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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: David Ragsdale Title: Acting Manager

Signature: David Ragsdale Date: 3/3/21

Return completed reports by **March 31, 2020**
Email: cross.connection@dhsosha.state.or.us, **Fax:** 971-673-0694 or
Mail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293

Questions? cross.connection@dhsosha.state.or.us 971-673-0321

💧 Drinking Water Updates 💧

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