



**2018 ANNUAL SUMMARY REPORT (ASR)
CROSS CONNECTION & BACKFLOW PREVENTION**

Please fill out the Annual Summary Report accurately and completely with **data from 2018**. Keep a completed copy for your records.

PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.

Return completed reports by **March 31, 2019**

Email: cross.connection@state.or.us, Fax: 971-673-0694

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

1. **Water System Name:** Ice Fountain Water District **PWS ID#** 41-00387

2. **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: Mark Beam

Address: 1185 Tucker Rd.

City: Hood River State: OR Zip: 97031

Email: ifwater@hrecn.net Phone #: 541-386-4299

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: 2111

b. Do you have any high hazard connections in your water system? Yes No How many: 19

c. Do you have any other types of connections not listed above? Yes No How many: _____

Comments: _____

5. An **enabling authority** 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: www.healthoregon.org/crossconnection. If you have not submitted an enabling authority to the State, please complete one and submit it as soon as possible.

6. **Does your water system have an enabling authority?** Yes No (see note above)

7. **Was your enabling authority revised within the last year?**

Yes, email a copy to the cross connection program cross.connection@state.or.us 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)

8. Certified Cross Connection Specialist Information:

Water system Employee Contracted service
Name: Mark Beam Cert #: 1465
Address: 1185 Tucker Rd.
City: Hood River State: OR Zip: 97031
Email Address: ifwater@hrecn.net
Phone #: 541-386-4299 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 user's 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:
 - i. inspections completed, 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? 19
- b. How many assemblies were tested? 19
- c. How many assemblies passed their annual test? 19
- 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? 64
- b. How many assemblies were tested? 64
- c. How many assemblies passed their annual test? 64
- d. How many assemblies failed their annual test? _____
- e. Comments: _____


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: _____

15. Do you track any **Atmospheric Vacuum Breakers** (AVB) installed in your water system? Yes No

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: Mark Beam Title: District Manager

Signature:  Date: 1-31-19

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