Public Health Division OREG		
Drinking Water Services	AUTHORIT	
2024 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION		
Please fill out the Annual Summary Report completed copy for your records.	accurately and completely with data from 2024. Keep a	
PLEASE ANSWER ALL QUESTIONS. IN	COMPLETE REPORTS WILL DELAY PROCESSING.	
Submit completed reports by Marc Email: cross connection@odnsoha.prezon Mail: DWS-Cross Connection, 800 NE Ore	loov, Fax 971-673-0894	
1. Water System Name: City of Hubberd	PWS ID# 41-00388	
2 What size is your water system? Small (1-259 connections)	e (300+ connections)	
Name: Molly King	e questions about the ASR who should we contact?) Phone # 503-082-0429	
once, include connections with and with	system serve? Count each service connection only rout a backflow assembly.	
a. Do you have any residential connect Yes No How many: 925	tions in your water system?	
b. Do you have any high hazard conne Yes No How many: 8	ections in your water system?	
c. Do you have any other types of con Yes No How many 105	nections not listed above?	
Comments		
5. Does your water system have an en	abling authority?	
6. Was your enabling authority revised	within the last year?	

Received Feb 25 2025 Cross Connection

Conner	tions) and are
STIONS 8 - 10 are for LARGE SYSTEMS ONLY (Large = 300+ Service Connect the to the required written backflow prevention orogram plan outlined in OAR	333-061-
VGVPS	
Connection Specialist Information:	414
Michael Krens	503-982-9429
Mkrobs@CityoHubbard.org	Yes N
Does your WS have a current written backflow prevention program plan?	E IS LIN
Does the backflow prevention plan include the following: a A list of promises where health hazard cross connections exist, including, but net limited to, those listed in Table 42 (High Hazard Table).	Yes 🗌 N
 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 hon-health hazard or health hazard i identified, and for informing the water user of any corrective action required.	
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.	Tes 🗆 N
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 🗔 N
 Current records of approved backflow prevention assemblies installed, inspections completed, test results, and verification of current backflow assembly tester certification. 	🖲 Yes 🗌 N
g. A public education program about cross connection control.	Yes 🖸 N
RPDA) installed in your water system? Yes No (if you enswered yes, answer the ovestions below) a. a. How many assembles are installed in your water system? 14 b. How many assembles were tested? 14 c. How many assembles passed their annual test? 14 d. How many assembles failed their annual test? 0	PBA, &
	 Michael Krebs CityofHubbard org Phone # Does your WS have a current written backflow prevention program plan? Does the backflow prevention plan include the following: a A list of promises where health hazard cross connections exist, including, but not limited to, those listed in Table 42 (High Hazard Table) b. Procedure for continually evaluating the degree of hazard posed by a water users premises. 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. 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 is premises. e. A description of what corrective actions will be taken if a water user fails to comply with the water supplets cross connection control requirements. f. Current records of approved backflow prevention assemblies installed, implections completed, test results, and verification of current backflow assembly baster certification. g. A public education program about cross connection control. D. Do you have any Reduced Pressure Backflow Prevention Assemblies (RP, R RPDA) installed in your water system? <u>14</u> d. How many assembles are installed in your water system? <u>14</u> d. How many assembles passed ther annual tent? d. How many assembles passed ther annual tent?

installed in your water system? Yes No (7) you answered yes, annee a. How many assemblies are installed in your water system? b. How many assemblies were tested?	All monthly and and
 How many assemblies are installed in your water system? How many assemblies were tested? 	(DC, DCVA, & DCDA) she question below)
b. How many assemblies were tested?	196
	196
c. How many assemblies passed their annual test?	195
d. How many assemblies failed their annual test?	1
e. Comments: We had 4 fail. 3 re-tested and passed. 1 the busine water off, so we did - it is a vacant building.	ss manager advised to turn
Do you have any Pressare Vacuum Breaker Assemblies (PVB, P	VBA, & SVBA) installed
in your water system?	
Yes No (19 you answered yes, answer the questions below)	4
a. How many assemblies are installed in your water system?	
b. How many assemblies were tested?	1
c. How many assemblies passed their annual test?	
d. How many assemblies failed their annual test?	0
e. Comments:	
certify the information provided is true to the best of my kno	wledge. Providing false
	ater system.
formation may result in penalties to the individual and to the w	
rinted Name: MICHAEL & KREBS	Title: Puttowooks
rinted Name: MICHAEL & KREBS	
rinted Name: Micense & KRERS	Title: Puttowooks
rinted Name: <u>MICHAEL & KREBS</u> Ignature: <u>MULL R . Juh</u> Leturn completed reports by March 31, 2025.	Title: Praize woods Total and Total and Total States
rinted Name: <u>MICHAEL & KREBS</u> Ignature: <u>MUSUL R . UK</u> Leturn completed reports by March 31, 2025. Imail: <u>cross connection@odtsoha oregon gov</u> Fax: 971-673-	Title: Produce wood 5 Total and 5 Date: 02/25/2025
rinted Name: <u>Michael & KREBS</u> ignature: <u>Muchael & KREBS</u> teturn completed reports by March 31, 2025. imail: <u>cross connection@odhsoha.oregon.gov</u> . Fax: 971-673- fail: DWS-Cross Connection. 800 NE Oregon Street, Suite 64	Title: <u>Proprietor</u> Date: <u>01/25/2025</u> Date: 01/25/2025 0694 or 0; Portland, OR 97293
Information may result in penalties to the individual and to the warinted Name: <u>Discusses & KRERS</u> Signature: <u>Musee</u> <u>R</u> . <u>IUR</u> Return completed reports by March 31, 2025 Simall: <u>cross connection@odhsoha oregon gov</u> , Fax: 971-673- Mail: DWS-Cross Connection@odhsoha oregon gov, Fax: 971-673- Mail: DWS-Cross Connection@odhsoha oregon gov or 971-67	Title: <u>Proprietor</u> Date: <u>01/25/2025</u> Date: 01/25/2025 0694 or 0; Portland, OR 97293
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