



2023 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

Received Feb 12 2024 Cross Connection

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	lease fill out the Annual Summary Report accurately and completely with data from 2023 . Keep a completed opy for your records.		
ΡI	LEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.		
Er	eturn completed reports by March 31, 2024 mail: cross.connection@odhsoha.oregon.gov , Fax: 971-673-0694 fail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293		
1.	Water System Name: Ryan's Outpost, LLC PWS ID# 41-00407		
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: Tim Ryan		
	Email: tim.ryan@ryansoutpost.com Phone #: 541-899-2827		
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: 16		
	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: 3		
Co	omments:		
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5.	An <u>enabling authority</u> 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. 7.			

Certified Cross Connection Specialist I Water system Employee Contract		
Name:	Cert #:	
Email Address:	Phone #:	
Does your water system have a current	written backflow prevention program plan?	Yes N
. Does the <u>backflow prevention plan</u> incl	ude the following:	
	ess connections exist, including, but not limited to,	☐ Yes ☐N
b. Procedure for continually evaluating the premises.	ne degree of hazard posed by a water users	☐ Yes ☐N
c. Procedure for notifying the water user identified, and for informing the water	if a non-health hazard or health hazard is user of any corrective action required.	☐ Yes ☐N
• • • • • • • • • • • • • • • • • • • •	rent backflow into the public water supply, rd that exists on the water user's premises.	☐ Yes ☐N
e. A description of what corrective action with the water suppliers cross connect	ns will be taken if a water user fails to comply ion control requirements.	Yes N
	prevention assemblies installed, inspections n of current backflow assembly tester certification	Yes N
g. A public education program about cro	ss connection control.	Yes N
water system? Yes No (if you answere	ow Prevention Assemblies (RP, RPBA, & RPDA) instant yes, answer the questions below)	stalled in you
a. How many assemblies are installed in your	our water system?	1
b. How many assemblies were tested?	ol toot?	1
c. How many assemblies passed their annud. How many assemblies failed their annua		0
	rtest?	

12. Do	o you have any Double Check Backflow Prevention Assemblies (DC, DCVA, & DCDA) instal	led in your water
sys	stem? Yes No (if you answered yes, answer the questions below)	
a.	How many assemblies are installed in your water system?	2
b.	How many assemblies were tested?	2
c.	How many assemblies passed their annual test?	2
d.	How many assemblies failed their annual test?	0
e.	Comments:	
13 Dc	o you have any Pressure Vacuum Breaker Assemblies (PVB, PVBA, & SVBA) installed in yo	ur 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?	<u> </u>
c.	How many assemblies passed their annual test?	
d.	How many assemblies failed their annual test?	
e.	Comments:	
	ify the information provided is true to the best of my knowledge. Providing false informaties to the individual and to the water system.	ntion may result in
Printe	ed Name: Timothy Ryan Title: LLC	Member
Signa	nture:	2-24

Return completed reports by March 31, 2024. Email: cross.connection@odhsoha.oregon.gov, Fax: 971-673-0694 or Mail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293

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

If you would like to receive the Pipeline newsletter, in addition to other important notifications sign up for Drinking Water Email Alerts! Go to www.healthoregon.org/dws and click on the 'Sign Up for DWS News' button!

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