



2028 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

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	ease fill out the Annual Summary Report accurately and completely with data from 2023 . Keep a completed py for your records.			
PI	LEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.			
Re En	turn completed reports by March 31, 2024 nail: cross.connection@odhsoha.oregon.gov , Fax: 971-673-0694 nail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293			
1.	Water System Name: CITY OF JORDAN VALLEY PWS ID# 41-00411			
2.	What size is your water system?			
3. ASR Contact Information: (if there are questions about the ASR who should we contact?)				
	Name: CON WARN PUBLIC WORKS			
	Email: <u>Cityofiv@gmail.com</u> Phone #: 541-586-2460			
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: 168			
	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: ☐ 6			
Co	omments:			
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.	Does your water system have an <u>enabling authority</u> ? Yes No (see note above) Was your enabling authority revised within the last year?			
	Yes, email a copy to the Cross Connection program cross.connection@odhsoha.oregon.gov No			

to 1	the required written backflow prevention program plan outlined in	in OAR 333-061-0070(9)(b)		
8.	Certified Cross Connection Specialist Information: Water system Employee Contracted service			
	Name:	Cert #:		
Email Address: Phone #:				
9.	Does your water system have a current written backflow preve	ntion program plan? Yes No		
10.	O. Does the backflow prevention plan include the following:			
	 a. A list of premises where health hazard cross connections exist, including those listed in Table 42 (High Hazard Table). 	ing, but not limited to, Yes No		
	 Procedure for continually evaluating the degree of hazard posed premises. 	by a water users		
	c. Procedure for notifying the water user if a non-health hazard or identified, and for informing the water user of any corrective act			
	d. The type of protection required to prevent backflow into the pub commensurate with the degree of hazard that exists on the water			
	 e. A description of what corrective actions will be taken if a water with the water suppliers cross connection control requirements. 	user fails to comply Yes No		
	 f. Current records of approved backflow prevention assemblies inscompleted, test results, and verification of current backflow asset 			
	g. A public education program about cross connection control.	☐ Yes ☐No		
11	 Do you have any Reduced Pressure Backflow Prevention Assemblies water system? Yes No (if you answered yes, answer the questions bet a. How many assemblies are installed in your water system? How many assemblies were tested? How many assemblies passed their annual test? How many assemblies failed their annual test? Comments: THE TWO THAT FATLED WERE 	3 		

12. Do	you have any Double Check Backflow Prevention Assemblies (DC, DCVA, & DC	DA) installed in your water
sys	stem? X Yes No (if you answered yes, answer the questions below)	
a.	How many assemblies are installed in your water system?	11
b.	How many assemblies were tested?	
C.	How many assemblies passed their annual test?	
d.	How many assemblies failed their annual test?	0
e.	Comments:	
13. Do	you have any Pressure Vacuum Breaker Assemblies (PVB, PVBA, & SVBA) insta	alled in your water system?
\boxtimes	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?	O
e.	Comments:	
	fy the information provided is true to the best of my knowledge. Providing fals ies to the individual and to the water system.	e information may result in
Print	ed Name: CON WARNTitle	: Public WORKS
Signa	ture: Con Wann Date	:: 12-5-24

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

♦ Drinking Water Updates **♦**

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'