



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

| | ase fill out the Annual Summary Report accurately and completely with data from 2018. Keep a appleted copy for your records. | | | |
|----------|--|--|--|--|
| PL | EASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING. | | | |
| Em | curn completed reports by March 31, 2019 ail: cross.connection@state.or.us , Fax: 971-673-0694 il: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293 | | | |
| 1. | Water System Name: Prairie Winds of Inction (ity, LLC PWS ID# 41-00 423 | | | |
| 2. | 2. What size is your water system? Small (1-299 connections) | | | |
| 3. | ASR Contact Information: (if there are questions about this report who should we contact?) | | | |
| | Name: Rachel Shelly | | | |
| | Address: 69970 Day Lane City: Eugene State: 6R Zip: 97402 Email: Prairiewinds Jc 2 gmail. com Phone #: 541-521-8336 | | | |
| | City: Eugene State: 6R Zip: 97402 | | | |
| | Email: Drainewinds 100 gmail. com Phone #: 541-521-8336 | | | |
| 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 \(\text{No} \) How many: \(\frac{35}{} \) | | | |
| | b. Do you have any high hazard connections in your water system? | | | |
| | c. Do you have any other types of connections not listed above? Yes No How many: | | | |
| Со | mments: 1 Commenal / muffler Shop | | | |
| | 00 | | | |
| | . 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 enabling authority? Yes \(\text{No (see note above)} \) Was your enabling authority revised within the last year? \(\text{Yes, email a copy to the cross connection program \(\text{cross.connection@state.or.us} \) No | | | |

| Certified Cross Connection Specialist Information: | | | | |
|--|--|-----------------------------|--|--|
| ■Water system Employee ■Contracted service | | | | |
| Name: | Cert #: | | | |
| City: | TARIA MODIOWANAO 220 GO | | | |
| Address:State:Zip: | | | | |
| Phone #: | Alt Phone #: | 112 | | |
| Does your water system have a current wr | | | | |
| . Does the <u>backflow prevention plan</u> include | the following: | | | |
| a. A list of premises where health hazard cross c those listed in Table 42. | | Yes No | | |
| b. Procedure for continually evaluating the d | egree of hazard posed by a water user's | | | |
| TO CONTRACT THE RESIDENCE OF THE PARTY OF TH | my young Markle Williams of June | Yes No | | |
| c. Procedure for notifying the water user if a | | | | |
| identified, and for informing the water use | r of any corrective action required. | ☐ Yes ☐No | | |
| d. The type of protection required to prevent commensurate with the degree of hazard the | | Yes No | | |
| e. A description of what corrective actions w with the water suppliers cross connection of | | Yes No | | |
| f. Current records of approved backflow prev i. inspections completed, | vention assemblies installed: | Yes No | | |
| ii. backflow prevention assembly test resiii. verification of current backflow assem | | Yes No | | |
| g. A public education program about cross co | onnection control. | Yes No | | |
| Are there any backflow assemblies or devices i | nstalled in your water system? Yes No | | | |
| Do you have any Reduced Pressure Backflow P water system? Yes No <i>(if you answered yes</i> a. How many assemblies are installed in your w | , answer the questions below) | | | |
| b. How many assemblies were tested? | the discontinue service for actions reasons is | | | |
| c. How many assemblies passed their annual tes | | | | |
| d. How many assemblies failed their annual test | | | | |
| Comments: | other system have an enabling authority? Dee bling authority revised within the last yel | Mary Kenting Mary Ray Ex | | |
| sconnection(matate.or.us EriNo | il a copy to the cross contection program cross | AMB MATELLA | | |

| 13. Do you have any Double Check Backflow Prevention Assemblies (DC, DCVA, & DCDA) installed in your water | | | | | | |
|---|--|--|--|--|--|--|
| system? Yes Yoo (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: | | | | | | |
| | | | | | | |
| | | | | | | |
| 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: Rachel Shelly Title: CO 660 ner Signature: Rachel Shelly Date: 1/15/18 | | | | | | |
| | | | | | | |
| Signature: Kull Shelf Date: 1/15/18 | | | | | | |

Return completed reports by March 31, 2019
Email: cross.connection@state.or.us or click the email button

Fax: 971-673-0694

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

Enabling Authority

| Water System Name: Program Water System Name: | onction City LLC |
|--|---|
| Water System Name: Prairie Winds of Y Water System PWS ID # 41- 00423 Revised Date: | 1519 |
| water system r ws 1D # 41- 00923 Revised Date. | Home Aurocases some pay chall at algebra |
| Purpose The purpose of this ordinance is to protect the health of the people contaminants from flowing backwards into the water supply. To accompliance with Oregon Administrative Rules (OARs) 333-061-00 | ecomplish this, these rules are in |
| Requirements Actual or potential cross connections are prohibited. If a potential system must be protected by an appropriate backflow prevention described by the protected by an appropriate backflow prevention described by the protected by the | exists for a cross connection the water evice or assembly. |
| VARIABLE SERVICE | |
| Any high hazards, as specified in the OARs will be given the higher air gap or reduced pressure backflow assembly. | est priority, and protected with an approved |
| Enforcement The water system has the right to refuse or terminate water service Install a backflow device or assembly, when an actual or po Test the assembly at least annually and complete necessary | otential cross connection exists. |
| The water system reserves the right to require a backflow device at access is not allowed to determine if a backflow device or assemble | t the customer's side of the water meter if y is necessary. |
| The water system will allow a reasonable time to achieve compliar incident occur, the water system has the right to terminate service compliance. | |
| Additional A list of all high hazard connections and how they are protected freenabling authority. | om a cross connection is attached to this |
| | |
| This enabling authority is approved and adopted and will remain in revised or eliminated. | n effect as of this date until such time as |
| Printed Name: Rachel Shelu | Title: Courwer |
| Signature: Ruchel Shey | Date: 1/15/19 |
| a real of the course of the first of the administration of the same of the sam | |
| Printed Name: | Title: |
| Signature: | Date: |