



2023 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.				
En	eturn completed reports by March 31, 2024 nail: cross.connection@odhsoha.oregon.gov , Fax: 971-673-0694 ail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293				
1.	Water System Name: Crossroads Mobile Home Park PWS ID# 41- 00446				
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: Jeff Groom				
	Email: owner@klamathfallshomesforrent.com Phone #: 541-817-3696				
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: 71				
	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:				
Co	omments: n/a				
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 enabling authority? 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				

	rtified Cross Connection Specialist Information: Water system Employee Contracted service	
Na	me: Cert #:	
	nail Address: Phone #:	
D	pes your water system have a current written backflow prevention program plan?	Yes No
). D (oes the backflow prevention plan include the following:	
	A list of premises where health hazard cross connections exist, including, but not limited to, those listed in Table 42 (High Hazard Table).	Yes No
b.	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 non-health hazard or health hazard is identified, and for informing the water user of any corrective action required.	☐ Yes ☐N
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 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
f.	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
	by you have any Reduced Pressure Backflow Prevention Assemblies (RP, RPBA, & RPDA) instater system? Yes No (if you answered yes, answer the questions below)	alled in your
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?	
	Comments:	

12. Do	o you have any Double Check Backflow Prevention Assemblies (DC, DCVA, & DCDA) installed	in your water
sy	stem? 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: n/a	
13. Do	o you have any Pressure Vacuum Breaker Assemblies (PVB, PVBA, & SVBA) installed in your v	vater system?
	Yes No (if you answered yes, answer the questions below)	
a.	How many assemblies are installed in your water system?	, And the state of
b.	. How many assemblies were tested?	.acereintatakronnintakonatarintatakronitatakronitatakronitatakronitat
c.	How many assemblies passed their annual test?	Annie forgenne werden der
d.	. How many assemblies failed their annual test?	
e.	Comments: n/a	and the state of t
	ify the information provided is true to the best of my knowledge. Providing false informatio ties to the individual and to the water system.	n may result in
Printed Name: Jeff GroomTitle: Owner		
Signa	ature: # Nooth Date: 7/23/	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'