



CROSS CONNECTION & BACKFLOW PREVENTION MAR 1 8 2021

Drinking Water Services

| | CROSS CONTES | Ul | TIKING Water Services |
|-----------------------------|--|---------------------------------------|----------------------------|
| | ual Summary Report accurately and completely | ith data from 2 | 020. Keep a completed |
| | t accurately and completely | Willi uata II | |
| t the Δnn | all QUESTIONS. INCOMPLETE REPORTED BY March 31, 2021 | DEI A | V PROCESSING. |
| lease fill out the Am | TETE REPO | RTS WILL DELA | |
| opy for your records | OUESTIONS. INCOMPLETE RES | | |
| PLEASE ANSWER | ALL QUEST | |) |
| loted rer | ports by March 31, 2021 Fax: 971-673-0694 | ortland, OR 97293 | |
| Return completed for | ports by March 31, 2021 bion@dhsoha.state.or.us, Fax: 971-673-0694 connection; 800 NE Oregon Street, Suite 640; Portion of the connection of the connectio | Jittane, | WS ID# 41-00565 |
| | | P | WS ID# 41 |
| Mail: DW3-Cro- | Name: Carmel Beach Water District Small (1-299 connection) | | · · · ma) |
| Cystem] | Name: Carmel Beach Water District our water system? Small (1-299 connection) | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 0+ connections) |
| 1. Water System | s Small (1-299 connection | ns) | .0) |
| 4 size is VO | our water system? | ACD who should w | e contact?) |
| 2. What size is y | and are questions about the | ASK Who sha | |
| on Contact | Information: (if there are questions about the Mhite elbeachwaterdistrict@yahoo.com | 744.00 | 31-6910 |
| 3. ASR Contact Name: Robin | White | Phone #: 541 9 | 01-0011 |
| Name: Robin | Washwaterdistrict@yanoo.com | | |
| Email: carm | elbeachwaterdistrict@yarre ase: Who does your water system serve? Count with and without a backflow assembly. | | ection only once, include |
| Dine | serve? Count | t each service com | |
| | Who does your water system server | | 17 |
| 4. Customer B | ase: who without a backflow assembly. | av | es □No How many: 17 |
| connections | with and without a backflow assembly. | system? | |
| | tantial connections in journal | . 🗆 | es No How many: |
| a. Do you | have any residential connections in your water have any high hazard connections in your water | er system? | C3 |
| | 1. 1 hozard connections in je | | Yes No How many: |
| b. Do you | have any high hazard or have any other types of connections not listed | above? | |
| | have any other types of connections | | |
| c. Do you | I liavo and | | |
| Comments: | ling authority is required for all community was | | the allows for a |
| | | waystems. The e | nabling authority and we |
| | and for all community Wi | ater systems. | authority is available for |
| a Amanahl | ling authority is required for various reasons. | A sample character. If | you have not submitted as- |
| 5. All chass | stem to discontinue service re- | rosscomeeres | as possible. |
| water sy | ling authority is required for all community was stem to discontinue service for various reasons. stems on our website: www.healthoregon.org/c | 1 subtille it as s | |
| anabling | stems on our website: www.healthoregon.org/cstems on our website: www.healthoregon.org/cstems on our website; www.healthoregon.org/cstems authority | Vas TN | o (see note above) |
| enaonne | lave an enabling authority | ? [103] | Ma. |
| (Dogs VI | our water system have an enabling authority our enabling authority revised within the last a copy to the Cross Connection program | t year: | @state.or.us LINO |
| 6. Dues J. | our enabling authority revised | n cross.comicoses | Afficial and annual and |
| 7. Was yo | our water system have an <u>enabling authority</u> our enabling authority revised within the last seemail a copy to the Cross Connection program | | |
| | | | |
| | | | D = 1 of 3 |

| | OUESTIONS 8 - 10 are for LARGE SYSTEMS ONLY (Large = 300+ Service Connections) and outlined in OAR 333-061-0070(9)(b) | are specific |
|----|---|--------------------|
| j. | DUESTIONS 8 - 10 are for LARGE SYSTEMS ONLY (Large = 300+ Service Connections) and the required written backflow prevention program plan outlined in OAR 333-061-0070(9)(b). | |
| | CALARGE SYSTEMS ONLY (Large plan outlined in OAR 333-061-00706) | |
| | WESTIONS 8 - 10 are for LARCO | |
| to | the required written backnow per stant | \ |
| | Cortified Cross Connection Specialist Information. | |
| 5 | the required Written out of the required Written out of the required Cross Connection Specialist Information: 8. Certified Cross Connection Specialist Information: Cert #: | |
| | | |
| | Name: | ■ Yes ■No |
| | Email Address:program plan? | 103 |
| | Phone #: | |
| | Phone #: | \ |
| | 9. Does your water system have 10. Does the backflow prevention plan include the following: a. A list of premises where health hazard cross connections exist, including, but not limited to, a. A list of premises where health hazard cross connections exist, including, but not limited to, a. A list of premises where health hazard cross connections exist, including, but not limited to, | ■ Yes ■No |
| | Does the backflow prevention plan who have connections exist, including | |
| | 10. Does the Salar where health hazard or | |
| | a. A list of premises where not those listed in Table 42. b. Procedure for continually evaluating the degree of hazard posed by a water users b. Procedure for continually evaluating the degree of hazard posed by a water users | Yes □No |
| | the evaluating the degree of nazard per | |
| | b Procedure for continually evaluation | |
| | premises. | ■ Yes ■No |
| | is sing the water user if a non-near man required. | \ |
| | b. Procedure for continuous premises. 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. | — |
| | identified, and for information into the public water supply, | ■ Yes ■No |
| | tion required to prevent a mists on the water user of | |
| | c. Procedure for notifying identified, and for informing the water user of any or identified, and for informing the water user of any or identified, and for informing the water user of any or identified, and for informing the water user of any or identified, and for informing the water user of any or identified. d. The type of protection required to prevent backflow into the public water supply, and the type of protection required to prevent backflow into the public water supply, and the type of protection required to prevent backflow into the public water supply, and the type of protection required to prevent backflow into the public water supply, and the type of protection required to prevent backflow into the public water supply, and the type of protection required to prevent backflow into the public water supply, and the type of protection required to prevent backflow into the public water supply, and the type of protection required to prevent backflow into the public water user's premises. | - No |
| | commensure a large it a Water use | Yes No |
| | d. The type of protection requirements. commensurate with the degree of hazard that exists on an accommensurate with the degree of hazard that exists on an accommensurate with the degree of hazard that exists on an accommensurate with the degree of hazard that exists on an accommensurate with the degree of hazard that exists on an accommensurate with the degree of hazard that exists on an accommensurate with the degree of hazard that exists on an accommensurate with the degree of hazard that exists on an accommensurate with the degree of hazard that exists on an accommensurate with the degree of hazard that exists on an accommensurate with the degree of hazard that exists on an accommensurate with the degree of hazard that exists on accommensurate with the degree of hazard that exists | ■ Yes ■No |
| | e. A description of white constant control con | Yes No |
| | with the water | |
| | with the water suppliers cross connected with the water suppliers cross connected f. Current records of approved backflow prevention assemblies installed: i. inspections completed, ii. backflow prevention assembly test results on backflow prevention assemblies, iii. backflow prevention assembly tester certification | Yes No |
| | f. Current records | I Yes I |
| | i. inspection assembly test room | Yes No |
| | i. inspections completed, ii. backflow prevention assembly test results on backflow prevention iii. backflow assembly tester certification iii. verification of current backflow assembly tester certification iii. verification of current backflow assembly tester certification | 100 |
| | iii. Vermouse | |
| | g. A public education program about cross connection control. | |
| | g. A public | |
| | yestem? ☐Yes | No |
| | devices installed in your water system | stolled in your |
| | 11. Are there any backflow assemblies or devices installed in your water system? 12. Do you have any Reduced Pressure Backflow Prevention Assemblies (RP, RPBA, & RI (if you answered yes, answer the questions below) | DA) installed in y |
| | 11. Are there any and Backflow Prevention Assembles (12) | |
| | Deduced Pressure Day answer the questions | |
| | 12. Do you have any Retur ed water system? Water system? Yes No (if you answered yes, this water system? a. How many assemblies are installed in your water system? | |
| | a How many assemblies are instance | |
| | a. How many assemblies were tested?b. How many assemblies were tested? | |
| | b. How many assert their annual test? | |
| | b. How many assemblies were earlier annual test?c. How many assemblies passed their annual test?d. How many assemblies failed their annual test? | |
| | any assemblies furt | |
| | d. How many asserts Comments: | |
| | Commission | |
| | | 2 82 |
| | Donnet | Page 2 of 3 |
| | Provention Annual Summary Report | |

| b | Do you have any Double Check Backflow Prevention Assemblies (DC, DCVA, & DCDA) installed in your water [In a second content of the content |
|-----|---|
| | Brevention Assemblies (DC, DCVA, & D |
| | Do you have any Double Check Backflow Treverse The property of the property |
| 13. | Do you have any - Gif you answered yes, answer the questions - |
| | system? Yes No (if you answered yes, which is stalled in your water system? |
| | How many assemblies are instance as |
| | and lies were tested. |
| | b. How many assertion and their annual test? |
| | b. How many assemblies passed their annual test? c. How many assemblies passed their annual test? |
| | wany assemblies failed their distributions are also assemblies failed their distributions are assemblies failed the failed their distributions are assemblies failed their distributions are assemblies failed their distributions are assemblie |
| | d. How many design |
| | e. Comments: |
| | 14. Do you have any Pressure Vacuum Breaker Assemblies (PVB, PVBA, & SVBA) installed in your water system? |
| | PVBA, & SVBA) installed in your |
| | Wacuum Breaker Assemblies (FVB, TVB) |
| | 14. Do you have any Pressure Vacuum Design (If you answered yes, answer the questions below) [Insert Pressure Vacuum Design (If you answered yes, answer the questions below) [Insert Pressure Vacuum Design (Insert Pressure Vacuum Water System)] |
| | Yes No (if you answered yes, and anywhite yes, |
| | The among assemblies are installed in your water |
| | a. How many dos |
| | a. How many assemblies were tested? b. How many assemblies were tested? |
| | mblies nassed their three masses |
| | reamblies falled then the |
| | d. How many assemblies as |
| | e. Comments: |
| | |
| | 14 in |
| | I certify the information provided is true to the best of my knowledge. Providing false information may result in the individual and to the water system. |
| | the best of my knowledge. Providing faire |
| | information provided is true to the best of a |
| | I certify the information provided is true to be penalties to the individual and to the water system. Title: Sec/Treas |
| | penalties to the individual and to the water system. Title: Sec/Treas |
| | 10/16:40 |
| | Robin White |
| | Printed Name: Robin White Date: 3/9/2 |
| | |
| | Gianature: |
| | Signature: |
| | March 31, 2020 |
| | Return completed reports by March 31, 2020 Return complete reports by March 31, 2020 Return complete reports |
| | Return a connection (a) dnsona. state Organ Street, Suite 640, 1 orthogon |

Email: cross.connection@dhsoha.state.or.us, Fax: 971-673-0694 or Mail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293

Questions? cross.connection@dhsoha.state.or.us 971-673-0321

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