





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

	ease fill out the Annual Summary Report accurately and completely wimpleted copy for your records.	ith data from 2018. Keep a	
PI	LEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS	WILL DELAY PROCESSING.	
En	eturn completed reports by March 31, 2019 nail: cross.connection@statc.or.us , Fax: 971-673-0694 ail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland	id, OR 97293	
1.	Water System Name: Sand-n- Wood Mobile Villa	PWS ID# 41- <u>00573</u>	
2.		Large (300+ connections)	
3.	ASR Contact Information: (if there are questions about this report who should we contact?) Name: Judy Thompson		
	Address: 93740 Shutters Landing LN # 6		
	City: North Bend	State: OR Zip: 97459	
	Email: smuerff99@frontier.com Phone	_{.#:} 541-756-5094.	
4. Customer Base: Who does your water system serve? Count each service connection only once, inconnections with and without a backflow assembly.		vice connection only once, include	
	a. Do you have any residential connections in your water system?	Yes No How many: 30	
	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 INo How many:	
Comments:			
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.		
	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@state.or.us No		

	the required written backflow prevention program plan outlined in OAR 333-06	1-0070(9)(b)				
8.	Certified Cross Connection Specialist Information:					
	□Water system Employee □Contracted service					
	Name: C'ert #:					
	Address: City: State: Z					
	Email Addragge	ip:				
	Email Address: Phone #: Alt Phone #:					
	Does your water system have a current written backflow prevention program					
10,	Does the backflow prevention plan include the following:					
	a. A list of premises where health hazard cross connections exist, including, but not limite	ed to				
	those listed in Table 42.					
	b. Procedure for continually evaluating the degree of hazard posed by a water user premises.	's □ Yes □No				
	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 No				
į	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 No				
3	e. A description of what corrective actions will be taken if a water user fails to comwith the water suppliers cross connection control requirements.	nply ☐ Yes ☐No				
	f. Current records of approved backflow prevention assemblies installed: i. inspections completed,	☐ Yes ☐No ☐ Yes ☐No				
	ii. backflow prevention assembly test results on backflow prevention assembliiii. verification of current backflow assembly tester certification					
ŧ	g. A public education program about cross connection control.	Yes No				
11.	Are there any backflow assemblies or devices installed in your water system? Tyes	_No ,				
12. 1	Do you have any Reduced Pressure Backflow Prevention Assemblies (RP, RPBA, & RF water system? Tyes No (if you answered yes, answer the questions below)	PDA) installed in your				
	a. How many assemblies are installed in your water system?	2				
	b. How many assemblies were tested?	2				
		2				
(c. How many assemblies passed their annual test?	2				
Ċ	d. How many assemblies failed their annual test?					
	Comments:					

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13. Do	Do you have any Double Check Backflow Prevention Assemblie	s (DC, DCVA, & DCDA) installed in your water
	ystem? 🔲 Yes 🔳 No 🧪 (if you answered yes, answer the questions bet	
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:	
	o you have any Pressure Vacuum Breaker Assemblies (PVB, P	VBA, & 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.		
15. Do	you track any Atmospheric Vacuum Breakers (AVB) in	nstalled in your water system? Yes No
I certify penalti	fy the information provided is true to the best of my knowled ties to the individual and to the water system.	dge. Providing false information may result in
Printe	ed Name: Judy thompson	Title: Manager
Signati	ture: Just Thompsu	Date: 2/1/2019

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

Fax: 971-673-0694

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