

2024 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

Received
April 1 2025
Cross Connection

Please fill out the Annual Summary Report accurately and completely with **data from 2024**. Keep a completed copy for your records.

PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.

Submit completed reports by March 31, 2025

Email: cross.connection@odhsoha.oregon.gov, Fax: 971-673-0694

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

1.	Water System Name: City of Paisley	PWS ID# 41-00611	
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: Melissa Walton		
	Email: info@cityofpaisley.net Ph	none #: 541-943-3173	
4.	 Customer Base: Who does your water system serve? Count each service connection of once, include connections with and without a backflow assembly. a. Do you have any residential connections in your water system? ■ Yes ■ No How many: 143 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 abov Yes No How many: 8 Comments:	e?	
5.	Does your water system have an <u>enabling authority</u> ?	es	
6.	Was your enabling authority revised within the last year? Yes, email a copy to cross.connection@odhsoha.oregon.go	v ■ No	

	<u>70(9)(b)</u>		
7.	Certified Cross Connection Specialist Information: ☐ Water system Employee ☐ Contracted service		
	Name: Cert #:	t #:	
	Email Address: Phone #		
8.	Does your WS have a current written backflow prevention program plan?	Yes No	
9.	Does the <u>backflow prevention plan</u> include the following: a. A list of premises where health hazard cross connections exist, including, but not limited to, those listed in Table 46 (High Hazard Table).	☐ Yes ☐ No	
	 b. Procedure for continually evaluating the degree of hazard posed by a water users premises. 	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	
	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	
	 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 ☐No	
	f. Current records of approved backflow prevention assemblies installed, inspections completed, test results, and verification of current backflow assembly tester certification.	Yes No	
	g. A public education program about cross connection control.	Yes No	
10	D. Do you have any Reduced Pressure Backflow Prevention Assemblies (RP, RI RPDA) installed in your water system? [Yes No (if you answered yes, answer the questions below)	PBA, &	
	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?		
C	omments:		

11. Do you have any Double Check Backflow Prevention Assemb	olies (DC, DCVA, & DCDA)
installed in your water system? Tes No (if you answered yes, an	iswer the questions below)
a. How many assemblies are installed in your water system?	2
b. How many assemblies were tested?	2
c. How many assemblies passed their annual test?	1
d. How many assemblies failed their annual test?	1
e. Comments: We are working to get the DC replaced this spring	ng/summer.
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:	B, PVBA, & SVBA) installed
I certify the information provided is true to the best of my kinformation may result in penalties to the individual and to the	
information may result in penalties to the individual and to the	
Printed Name: Melissa Walton	Title: Recorder

Return completed reports by March 31, 2025.

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

To get Cross Connection notifications, go to www.healthoregon.org/crossconnection and click on the 'Sign Up for Cross Connection News'