

RY REPORT
FLOW PREVENTION

Received

Jan 31 2025

Cross Connection

## 2024 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

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 Prineville PWS ID# 41-00682
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:   JAcob Zeigler
	Email: jzeigler@cityofprineville.com Phone #:541-447-7844
4.	<b>Customer Base:</b> Who does your water system serve? Count each service connection only once, include connections with and without a backflow assembly.
	<ul> <li>a. Do you have any residential connections in your water system?</li> <li>Yes No How many: 4637</li> </ul>
	b. Do you have any high hazard connections in your water system?  The Yes No How many: 205
	c. Do you have any other types of connections not listed above?  ☐ Yes ■ No How many:
	Comments:
5.	Does your water system have an <u>enabling authority</u> ? ■ Yes
6.	Was your enabling authority revised within the last year?  Yes, email a copy to <a href="mailto:cross.connection@odhsoha.oregon.gov">cross.connection@odhsoha.oregon.gov</a> No

sp	JESTIONS 8 - 10 are for LARGE SYSTEMS ONLY (Large = 300+ Servic ecific to the required <u>written backflow prevention program plan</u> outline 70(9)(b)			
7.	Certified Cross Connection Specialist Information:  Water system Employee Contracted service			
	Name: Jacob Zeigler  Email Address: jzeigler@cityofprineville.com	_Cert #: <u>0\</u>	541-447-7844	
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, includ not limited to, those listed in Table 42 (High Hazard Table).	ing, but	✓ Yes □ No	
	b. Procedure for continually evaluating the degree of hazard posed by a users premises.	water	✓ 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.				
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. Do you have any <b>Reduced Pressure Backflow Prevention Assemblies</b> (RP, RPBA, & RPDA) installed in your water system? Yes \( \subseteq \text{No} \) (if you answered yes, answer the questions below)				
	a. How many assemblies are installed in your water system?	205		
	b. How many assemblies were tested?	192	2	
	c. How many assemblies passed their annual test?	192 13		
	d. How many assemblies failed their annual test?			
Comments: 192 tested, as before the large data centers with major ongoing construction remoive them and we are not always notified.				

11. Do you have any <b>Double Check Backflow Prevention Assemblies</b> (DC, DCVA, & DCDA)
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? 2120
b. How many assemblies were tested? 2086
c. How many assemblies passed their annual test?
d. How many assemblies failed their annual test?
e. Comments: Most of the homes that were not tested are vacant or bank owned. No contact
12. 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? 10
b. How many assemblies were tested? 10
c. How many assemblies passed their annual test? 10
d. How many assemblies failed their annual test?
e. Comments:
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: Lori Ontko Title: Contract Administrator
Signature: Date: 1-30-25

Return completed reports by March 31, 2025.

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

Questions? <a href="mailto:cross.connection@odhsoha.oregon.gov">cross.connection@odhsoha.oregon.gov</a> or 971-673-0321

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