



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

Please fill out the Annual Summary Report accurately and completely with **data from 2018**. Keep a completed copy for your records.

**PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.**

Return completed reports by **March 31, 2019**

Email: [cross.connection@state.or.us](mailto:cross.connection@state.or.us), Fax: 971-673-0694

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

1. **Water System Name:** Cline Falls Oasis Improvement Dist. PWS ID# 41- 00694

2. **What size is your water system?** ☒ Small (1-299 connections) ☐ Large (300+ connections)

3. **ASR Contact Information:** (if there are questions about this report who should we contact?)

Name: Craig S. Manson

Address: 8202 NW Oasis Dr.

City: Redmond State: OR Zip: 97756

Email: cmanson@gmail.com Phone #: 541-410-3165

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: 27

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:           

Comments:           

5. An **enabling authority** 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](http://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. **Does your water system have an enabling authority?** ☒ Yes ☐ No (see note above)

7. **Was your enabling authority revised within the last year?**

☐ Yes, email a copy to the cross connection program [cross.connection@state.or.us](mailto:cross.connection@state.or.us) ☒ No

**QUESTIONS 8 - 10** are for **LARGE SYSTEMS ONLY** (Large = 300+ Service Connections) and are specific to the required written backflow prevention program plan outlined in [OAR 333-061-0070\(9\)\(b\)](#)

**8. Certified Cross Connection Specialist Information:**

☐ Water system Employee

☐ Contracted service

Name: \_\_\_\_\_ Cert #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

**9. Does your water system have a current written backflow prevention program plan?** ☐ Yes ☐ No

**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, those listed in Table 42. ☐ Yes ☐ No

b. Procedure for continually evaluating the degree of hazard posed by a water user's 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: ☐ Yes ☐ No

i. inspections completed, ☐ Yes ☐ No

ii. backflow prevention assembly test results on backflow prevention assemblies, ☐ Yes ☐ No

iii. verification of current backflow assembly tester certification ☐ Yes ☐ No

g. A public education program about cross connection control. ☐ Yes ☐ No

**11. Are there any backflow assemblies or devices installed in your water system?** ☒ Yes ☐ No

**12. Do you have any Reduced Pressure Backflow Prevention Assemblies (RP, RPBA, & RPDA) 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? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

13. Do you have any **Double Check Backflow Prevention Assemblies** (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?

5

b. How many assemblies were tested?

8

c. How many assemblies passed their annual test?

d. How many assemblies failed their annual test?

e. Comments:

14. 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?

2

b. How many assemblies were tested?

8

c. How many assemblies passed their annual test?

d. How many assemblies failed their annual test?

e. Comments:

15. Do you track any **Atmospheric Vacuum Breakers (AVB)** installed in your water system? ☐ Yes ☒ No

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: Craig Manson

Title: President

Signature: 

Date: 3/1/19

Return completed reports by **March 31, 2019**

Email: [cross.connection@state.or.us](mailto:cross.connection@state.or.us) or click the email button

Fax: 971-673-0694

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