



2018 ANNUAL SUMMARY REPORT (ASR) CROSS CONNECTION & BACKFLOW PREVENTION MAR 0 1 2019

Please fill out the Annual Summary Report accurately and completely with data from 2018. Keep a ROGRAM				
PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.				
Return completed reports by March 31, 2019 Email: 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: Umpgua RANCh Cooperative PWS ID# 41-00714			
2.	What size is your water system? Small (1-299 connections)			
3.	Name: Report and Secretary (if there are questions about this report who should we contact?)			
	Address: Forrestwood LANC			
	City: IDLEYLD PARK State: OR Zip: 97447			
	Email: UM1 Phone #: (541) 496-0294			
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: 110			
	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 \(\square\) No How many: \(\square\)			
Comments: Office AND LAUNDROMAT				
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.			
6. 7.	Does your water system have an enabling authority? Yes \sum 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 \sum No			

Ql	ESTIONS 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)	NO.	
R	Certified Cross Connection Specialist Information:		
σ.	Water system Employee		
	Name: Cert #:		
	Name: Cert #:		
	City: State: Zip:		
	Email Address: Alt Phone #:		
	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: i. inspections completed, ii. backflow prevention assembly test results on backflow prevention assemblies, iii. yerification of current backflow assembly tester certification 	☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ 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) inswater system? Wes No (if you answered yes, answer the questions below) a. How many assemblies are installed in your water system?	talled in your	
	b. How many assemblies were tested?		
	c. How many assemblies passed their annual test?		
	d. How many assemblies failed their annual test?	\mathscr{Q}	
	Comments: We ARE IN the PROCESS OF CONTRACTING	g with A	
	tester from the Certifier BACKFLOW ASSEMBLY to Complete OUR ANNUAL TESTING.	Testers	
	to complete our provider testing.		

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?
b. How many assemblies were tested?
c. How many assemblies passed their annual test?
d. How many assemblies failed their annual test?
e. Comments: We April the process of Contacting A Tester from the Certified BACKFlow Assembly Testers to Complete the Annual Testing.
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?
b. How many assemblies were tested?
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: ROB GREEN Title: OPERATIONS MANAGER
Signature:
Determined the Land of the March 21, 2010

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