Drinking Water Services



2024 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

Received
Mar 31 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 Sherwood	PWS ID# 41-00816		
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 contant Name: Richard C. Sattler			
	Email: sattlerr@sherwoodoregon.gov Phone	#: 503.925.2319		
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: 5798 			
	 b. Do you have any high hazard connections in your water system ■ Yes □ No How many: ²⁰²/₂₀₂ 	?		
	 c. Do you have any other types of connections not listed above? Yes No How many: 479 			
	Comments: as of Jan 2025, other connections irrigation/fireline/commercial/city accounts/bulk water, refin	ing high hazard connections		
5.	Does your water system have an enabling authority?	☐ No (see note above)		
6.	 Was your enabling authority revised within the last year? Yes, email a copy to cross.connection@odhsoha.oregon.gov 	■ No		

	UESTIONS 8 - 10 are for LARGE SYSTEMS ONLY (Large = 300+ Service secific to the required <u>written backflow prevention program plan</u> outline		•
	070(9)(b)		
7.	ertified Cross Connection Specialist Information: Water system Employee		061 503.925.2319
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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, include not limited to, those listed in Table 42 (High Hazard Table).		
	 b. Procedure for continually evaluating the degree of hazard posed by a users premises. 	X Yes No	
	c. Procedure for notifying the water user if a non-health hazard or health identified, and for informing the water user of any corrective action red		X 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.		
	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.		X Yes □No
	f. Current records of approved backflow prevention assemblies installed inspections completed, test results, and verification of current backflow assembly tester certification.		
	g. A public education program about cross connection control.		X Yes No
10. 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?	202	
	b. How many assemblies were tested?	184	
	c. How many assemblies passed their annual test?	182 12	
	d. How many assemblies failed their annual test?		
Сс	omments: Most failures were repaired and retested or removed and replac	ed	

11. Do you have any Double Check Backflow Prevention Assemblie	s (DC, DCVA, & DCDA)
installed in your water system? ■ Yes □No (if you answered yes, answe	
a. How many assemblies are installed in your water system?	3126
b. How many assemblies were tested?	3075
c. How many assemblies passed their annual test?	3074
d. How many assemblies failed their annual test?	22
e. Comments: Nearly all of the failures were repaired and retested	or removed and replaced
 12. Do you have any Pressure Vacuum Breaker Assemblies (PVB, P 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: 	5 5 5 0
I certify the information provided is true to the best of my known information may result in penalties to the individual and to the wa	•
Printed Name: Richard C. Sattler	Title:_Utility Manager
Signature: Digitally signed by Sattler, Richard Date: 2025.03.31 15:32:02 -07'00'	Date: 3/31/2025

Return completed reports by March 31, 2025.

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Questions? cross.connection@odhsoha.oregon.gov or 971-673-0321

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