



2021 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

Received March 8 2022 Cross Connection

Please fill out the Annual Summary Report accurately and corcopy for your records.	npletely with data from 2021. Keep a completed
PLEASE ANSWER ALL QUESTIONS. INCOMPLETE I	REPORTS WILL DELAY PROCESSING.
Return completed reports by March 31, 2022 Email: cross.connection@dhsoha.state.or.us , Fax: 971-673-06 Mail: DWS-Cross Connection ; 800 NE Oregon Street, Suite 6	94 40; Portland, OR 97293
1. Water System Name: City of Sublimity	PWS ID# 41-00844
2. What size is your water system? Small (1-299 conne	ections) Large (300+ connections)
3. ASR Contact Information: (if there are questions about	the ASR who should we contact?)
Name: Alan Frost	Phone #: 503-769-2860
Email: alan.frost@cityofsublimity.org	Phone #: 303-703-2000
4. Customer Base: Who does your water system serve? Conconnections with and without a backflow assembly.	ant each service connection only once, include
a. Do you have any residential connections in your wate	r system? Yes No How many: 1130
b. Do you have any high hazard connections in your wat	er system? Yes No How many: 0
c. Do you have any other types of connections not listed	above?
Comments:	
5. An enabling authority is required for all community war water system to discontinue service for various reasons. A water systems on our website: www.healthoregon.org/creenabling authority to the State, please complete one and s	A sample enabling authority is available for small ossconnection. If you have not submitted an
6. Does your water system have an enabling authority?	Yes No (see note above)
7. Was your enabling authority revised within the last your enabling authority	ross.connection@state.or.us No

8. Certified Cross Connection Specialist Information:	
☐ Water system Employee ☐ Contracted service Name: Jason Green	• #• 2171
- the state of the	#:2111
Phone #: 503-837-1212 Alt Phone #:	
9. Does your water system have a current written backflow prevention	on program plan?
10. Does the backflow prevention plan include the following:	
 a. A list of premises where health hazard cross connections exist, including, those listed in Table 42. 	but not limited to, Yes No
b. Procedure for continually evaluating the degree of hazard posed by premises.	a water users Yes No
c. Procedure for notifying the water user if a non-health hazard or hea identified, and for informing the water user of any corrective action	
d. The type of protection required to prevent backflow into the public commensurate with the degree of hazard that exists on the water us	
e. A description of what corrective actions will be taken if a water use with the water suppliers cross connection control requirements.	er fails to comply Yes No
f. Current records of approved backflow prevention assemblies instal i. inspections completed, ii. backflow prevention assembly test results on backflow preventions.	☐ Yes ☐No tion assemblies, ☐ Yes ☐No
iii. verification of current backflow assembly tester certification g. A public education program about cross connection control.	☐ Yes ☐No ☐ Yes ☐No
11. Are there any backflow assemblies or devices installed in your water sys	stem? Yes No
12. Do you have any Reduced Pressure Backflow Prevention Assemblies (RI	P, 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?	3
b. How many assemblies were tested?	3
c. How many assemblies passed their annual test?	3
d. How many assemblies failed their annual test?	0
Comments:	

13. Do	o you have any Double Check Backflow Prevention Assemblies (DC, DCVA, & DCDA) in	stalled in your water
sy	stem? Yes No (if you answered yes, answer the questions below)	
a.	How many assemblies are installed in your water system?	755
b.	How many assemblies were tested?	755
c.	How many assemblies passed their annual test?	755
d.	How many assemblies failed their annual test?	13
e.	Comments: 13 devices failed their initial test. Fixed or replaced and all assemb	lies retested and
	o 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)	1
a.		1
b.	How many assemblies were tested?	1
c.	How many assemblies passed their annual test?	1
d.	How many assemblies failed their annual test?	
e,	Comments:	
	ify the information provided is true to the best of my knowledge. Providing false information ties to the individual and to the water system.	rmation may result in
Print	red Name: Alan Frost Title: Direct	ector
Signa	nture: Alen Front Date: 3/0	8/22

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Email: cross.connection@dhsoha.state.or.us, Fax: 971-673-0694 or

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

Questions? cross.connection@dhsoha.state.or.us 971-673-0321

♦ Drinking Water Updates **♦**

October 2018 was the last printed Pipeline! If you would like to continue receiving the Pipeline newsletter, in addition to other important notifications sign up for Drinking Water Email Alerts! Go to www.healthoregon.org/dws and click on the 'Subscribe to Email Alerts' button!

To get Cross Connection notifications, go to www.healthoregon.org/crossconnection and click on the 'Subscribe to Email Alerts'