



PUBLIC HEALTH DIVISION  
Center for Health Protection, Drinking Water Services

Oregon  
**Health**  
Authority

## 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:** City of Talent **PWS ID#** 41-00857
  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: Robert Slayton  
 Address: 200 Suncrest Road  
 City: Talent State: Or Zip: 97540  
 Email: rslayton@cityoftalent.org Phone #: 541-535-3828
  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: 1988
    - b. Do you have any high hazard connections in your water system? ☒ Yes ☐ No How many: 54
    - c. Do you have any other types of connections not listed above? ☒ Yes ☐ No How many: 48
- Comments: We are sending out a survey in April to improve our customer data.
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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: Robert Slayton

Cert #: 6699

Address: P.O. Box 445

City: Talent

State: Or

Zip: 97540

Email Address: rslayton@cityoftalent.org

Phone #: 541-535-3828

Alt Phone #: 541-535-1566

**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, ☒ 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? 219
- b. How many assemblies were tested? 159
- c. How many assemblies passed their annual test? 158
- d. How many assemblies failed their annual test? 21

Comments: One address is vacant with water shut off. Tester could not complete test.

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? | 835 |
| b. How many assemblies were tested?                        | 554 |
| c. How many assemblies passed their annual test?           | 554 |
| d. How many assemblies failed their annual test?           | 9   |
| 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?                        | 2 |
| c. How many assemblies passed their annual test?           | 2 |
| d. How many assemblies failed their annual test?           | 0 |
| e. Comments:   |   |

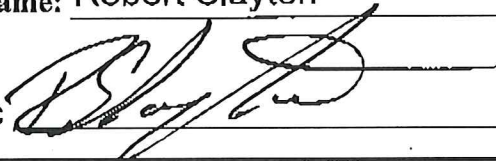
15. Do you track any **Atmospheric Vacuum Breakers** (AVB) installed in your water system? ☒ Yes ☐ No

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: Robert Slayton

Title: Specialist II

Signature:



Date: 3/12/2019

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