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| Water System Name and PWS ID# | OCEANSIDE WD - CAPE MEARES, 41-00882 |
| System Size | Small System, 1-299 connections |
| Date Report was Received | 03/18/21 11:03 AM |
| ASR Contact | Julie Johnson |
| Email Address | oceansidewaterdistrict@gmail.com |
| Contact Phone Number | 503-842-0370 |
| Residential Connection | 225.00 |
| High Hazard Connection | 0 |
| Other Connections | 0 |
| Total Connections | 225 |
| Enabling Authority | Yes |
| Did you revise your Enabling Authority? | No |
| This section for LARGE Systems Only | |
| Cross Connection Specialist | |
| Specialist Cert # | |
| WS Employee/Contracted | |
| Phone # | |
| Email Address | |
| Written Backflow Protection Program | |
| Written BFP program plan? | |
| List of high hazards | |
| Procedure | |
| Notify Water Users | |
| Type of Protection | |
| Corrective Action | |
| Current Records | |
| Public Education | |

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|---|
| <p>Do you have any RPs? ^{Yes}</p> <p>How many ²</p> <p>Tested ²</p> <p>Passed ²</p> <p>Failed ⁰</p> <p>% of RPs tested ^{100%}</p> <p>Comments</p> |
| <p>Do you have any DCs? ^{Yes}</p> <p>How many ¹</p> <p>Tested ¹</p> <p>Passed ¹</p> <p>Failed ⁰</p> <p>% of DCs tested ^{100%}</p> <p>Comments</p> |
| <p>Do you have any PVBs? ^{No}</p> <p>How many ⁰</p> <p>Tested</p> <p>Passed</p> <p>Failed</p> <p>% of PVBs Tested</p> <p>Comments</p> |

I certify the information provided is true
to the best of my knowledge. Providing ^{true}
false information may result in penalties
to the individual and to the water system