



2021 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

Received
Mar 31 2022
Cross Connection

| Please fill out the Annual Summary Report accurately and completely with data from 2021. Keep a completed copy for your records. | | | | | | |
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| PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING. | | | | | | |
| Return completed reports by March 31, 2022 Email: cross.connection@dhsoha.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 Umatilla PWS ID# 41-00914 | | | | | |
| 2. | What size is your water system? Small (1-299 connections) Large (300+ connections) | | | | | |
| 3. | Name: Leon Scheel | | | | | |
| | Email: leon@umatilla-city.org Phone #: 541-922-3226 | | | | | |
| 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: 1947 | | | | | |
| | b. Do you have any high hazard connections in your water system? Yes No How many: 17 | | | | | |
| | c. Do you have any other types of connections not listed above? | | | | | |
| Comments: | | | | | | |
| 6. | 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. Does your water system have an <u>enabling authority</u> ? Yes No (see note above) Was your enabling authority revised within the last year? Yes, email a copy to the Cross Connection program <u>cross.connection@state.or.us</u> No | | | | | |

| Certified Cross Connection Specialist Information: Water system Employee Contracted service | | | | |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--|
| Name: Leon Scheel | loyee Contracted | Cert #: 6911 | | |
| Email Address: leon@u | | | | |
| Phone #: 541-922=3226 | | Alt Phone #: | | |
| Does your water sys | stem have a current <u>wr</u> | itten backflow prevention program plan? | ■ Yes ■No | |
| . Does the backflow p | revention plan include | e the following: | | |
| a. A list of premises w | a. A list of premises where health hazard cross connections exist, including, but not limited to, | | | |
| those listed in Table | : 42. | | Yes No | |
| h Procedure for cont | tinually evaluating the d | earee of hazard nosed by a water users | | |
| premises. | Procedure for continually evaluating the degree of hazard posed by a water users | | | |
| promisos. | | | ■ Yes ■No | |
| c. Procedure for noti | Procedure for notifying the water user if a non-health hazard or health hazard is | | | |
| identified, and for | informing the water use | er of any corrective action required. | ■ Yes □N | |
| 1 The town of courts | 4: | had of the same in the state of the same in the same i | | |
| * * * | • | backflow into the public water supply, hat exists on the water user's premises. | ■ Yes ■N | |
| commensurate wit | in the degree of hazard t | mat exists on the water user's premises. | - res Lin | |
| e. A description of w | hat corrective actions w | vill be taken if a water user fails to comply | | |
| • | pliers cross connection | - · | ■ Yes ■N | |
| _ | | _ | | |
| | • • | evention assemblies installed: | Yes N | |
| i. inspections co | | 1 10 | Yes N | |
| | and the second s | sults on backflow prevention assemblies, | Yes N | |
| iii. Verification o | f current backflow asser | mory tester certification | ■ Yes ■N | |
| g. A public education | n program about cross c | onnection control. | Yes •N | |
| | | | | |
| Ara thara any backfi | nw assamblias or davicas | installed in your water system? ■Yes □No | | |
| . Are there any backing | w assemblies of devices | mstaneu m your water system. | | |
| | | Prevention Assemblies (RP, RPBA, & RPDA) ins | talled in your | |
| water system? Yes | | s, answer the questions below) | 15 | |
| | olies are installed in your v | vater system? | 15 | |
| b. How many assemb | olies were tested? | | 11 | |
| c. How many assemb | plies passed their annual te | est? | 11 | |
| d. How many assemb | olies failed their annual tes | st? | 0 | |
| Comments: | | | | |
| | | | | |

| 13. Do you have any Double Check Backflow Frevention Assemblies | (DC, DCVA, & DCDA) installed in your water | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--|--|--|--|--|
| system? Yes No (if you answered yes, answer the questions bel | to the agent stand | | | | | |
| a. How many assemblies are installed in your water system? | 65 | | | | | |
| b. How many assemblies were tested? | 44 | | | | | |
| c. How many assemblies passed their annual test? | 42 | | | | | |
| d. How many assemblies failed their annual test? | 2 | | | | | |
| e. Comments: 2 failed one repaired retested and passed of | other one not repairable is being replaced | | | | | |
| | | | | | | |
| | | | | | | |
| 14. Do you have any Pressure Vacuum Breaker Assemblies (PVB, P | VBA, & 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? | 4 | | | | | |
| b. How many assemblies were tested? | 2 | | | | | |
| c. How many assemblies passed their annual test? | 1 | | | | | |
| d How many assemblies failed their annual test? | 0 | | | | | |
| e. Comments: water was off to one assemblie for the year | - | | | | | |
| c. Comments. | | | | | | |
| | | | | | | |
| | | | | | | |
| I certify the information provided is true to the best of my knowled penalties to the individual and to the water system. | edge. Providing false information may result in | | | | | |
| Printed Name: Leon ScheelTitle: PW super | | | | | | |
| | | | | | | |
| Signature: Lean School Date: 3/31/22 | | | | | | |
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| Potrum assembleted reports by March 21 2022 | | | | | | |
| Return completed reports by March 31, 2022 Email: cross.connection@dhsoha.state.or.us, Fax: 971-673-0694 | or | | | | | |
| Mail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640 | | | | | | |
| Questions? cross.connection@dhsoha.state.or.us 971-673-0321 | | | | | | |
| ◆ <u>Drinking Water Updates</u> ◆ 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 <u>www.healthoregon.org/dws</u> and click on the ' <u>Subscribe to Email Alerts</u> ' button! | | | | | | |

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

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