



## 2023 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

Received Feb 14 2024 Cross Connection

	lease fill out the Annual Summary Report accurately and completely opy for your records.	with data from 2023. Keep a completed			
PI	LEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORT	TS WILL DELAY PROCESSING.			
Er	eturn completed reports by March 31, 2024 mail: <a href="mailto:cross.connection@odhsoha.oregon.gov">cross.connection@odhsoha.oregon.gov</a> , Fax: 971-673-0694 fail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portl	and, OR 97293			
1.	Water System Name: WALDPORT, CITY, OF	PWS ID# 41-00926			
2.	What size is your water system?   Small (1-299 connections)	Large (300+ connections)			
3.	3. <b>ASR Contact Information:</b> (if there are questions about the ASR who should we contact?)  Name: Michael R. Lee				
		ne #: 1-541-563-2111			
4.	ervice connection only once, include  Yes No How many: 1454				
	<ul><li>a. Do you have any residential connections in your water system?</li><li>b. Do you have any high hazard connections in your water system</li></ul>	02			
	c. Do you have any other types of connections not listed above?	Yes No How many:			
Сс	omments:				
5.	. 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: <u>www.healthoregon.org/crossconnection</u> . 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 Was your enabling authority revised within the last year?	□ No (see note above)			

	ertified Cross Connection Specialist Information:  Water system Employee Contracted service		
Na	me: Michael R. Lee	Cert #: D-08364	
En	nail Address: mike.lee@waldport.org	Cert #: D-08364  Phone #: 1-541-563-2	111
Do	oes your water system have a current <u>written bac</u>	kflow prevention program plan?	Yes No
a.	Does the <u>backflow prevention plan</u> include the following:  a. A list of premises where health hazard cross connections exist, including, but not limited to,		
	<ul><li>those listed in Table 42 (High Hazard Table).</li><li>b. Procedure for continually evaluating the degree of hazard posed by a water users premises.</li><li>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.</li></ul>		Yes No
			Yes No
c.			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	
	A description of what corrective actions will be take with the water suppliers cross connection control re		Yes No
	Current records of approved backflow prevention as completed, test results, and verification of current b	The second secon	Yes No
g.	A public education program about cross connection	control.	Yes No
	you have any Reduced Pressure Backflow Prevention ther system? Yes No (if you answered yes, answer the		stalled in your
	How many assemblies are installed in your water system		15
b.	How many assemblies were tested?		15
c.	How many assemblies passed their annual test?		15
d.	How many assemblies failed their annual test?		0
	Comments:		

12. 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?	54
b. How many assemblies were tested?	54
c. How many assemblies passed their annual test?	54
d. How many assemblies failed their annual test?	0
e. Comments:	
13. Do you have any <b>Pressure Vacuum Breaker Assemblies</b> (PVB, PVBA, & SVBA	A) 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?	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?	0
e. Comments:	
I certify the information provided is true to the best of my knowledge. Providin penalties to the individual and to the water system.	ng false information may result in
Printed Name: Michael R. Lee	Title: Superintendent
Signature:	Date:

Return completed reports by March 31, 2024. Email: <a href="mailto:cross.connection@odhsoha.oregon.gov">cross.connection@odhsoha.oregon.gov</a>, Fax: 971-673-0694 or Mail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293

Questions? <a href="mailto:cross.connection@odhsoha.oregon.gov">cross.connection@odhsoha.oregon.gov</a> or 971-673-0321

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If you would like to receive the Pipeline newsletter, in addition to other important notifications sign up for Drinking Water Email Alerts! Go to <a href="https://www.healthoregon.org/dws">www.healthoregon.org/dws</a> and click on the 'Sign Up for DWS News' button!

To get Cross Connection notifications, go to <a href="www.healthoregon.org/crossconnection">www.healthoregon.org/crossconnection</a> and click on the 'Sign Up for Cross Connection News'