

2024 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

Received Mar 19 2025 Cross Connection

Please fill out the Annual Summary Report accurately and completely with data from 2024. Keep a completed copy for your records.

PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.

Submit completed reports by March 31, 2025

Email: cross.connection@odhsoha.oregon.gov, Fax: 971-673-0694

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

1.	Water System Name: WALDPORT, CITY of	PWS ID# 41-00926	
2.	2. What size is your water system?☐ Small (1-299 connections)☐ Large (300+ connections)		
3.	ASR Contact Information: (if there are questions about the ASR who should we contact?) Name: Michael R. Lee		
	Email: mike.lee@waldport.org Pho	one #: 541-563-2111	
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 syste Yes No How many:	m?	
	 b. Do you have any high hazard connections in your water system Yes ☐ No How many:	em?	
	c. Do you have any other types of connections not listed above Yes No How many:	9?	
	Comments:		
5.	5. Does your water system have an enabling authority?	es	
6.	 Was your enabling authority revised within the last year? Yes, email a copy to cross.connection@odhsoha.oregon.gov 	<u>/</u> ■ 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)7. Certified Cross Connection Specialist Information: ■ Water system Employee Contracted service Name: Michael R. Lee __ Cert #: D-o8364 Email Address: mike.lee@waldport.org Phone #: 541-563-2111 Yes No 8. Does your WS have a current written backflow prevention program plan? 9. Does the backflow prevention plan include the following: a. A list of premises where health hazard cross connections exist, including, but Yes No not limited to, those listed in Table 42 (High Hazard Table). b. Procedure for continually evaluating the degree of hazard posed by a water Yes No users premises. c. Procedure for notifying the water user if a non-health hazard or health hazard is ● Yes No identified, and for informing the water user of any corrective action required. 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 Yes No comply with the water suppliers cross connection control requirements. f. Current records of approved backflow prevention assemblies installed, inspections completed, test results, and verification of current backflow Yes No assembly tester certification. Yes □ No g. A public education program about cross connection control. 10. 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 guestions below) 15 a. 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? d. How many assemblies failed their annual test? Comments:

11. Do you have any Double Check Backflow Prevention Assemblies (DC, DCVA, & DCDA)		
installed in your water system? Yes No (if you answered yes, answer to	he 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:			
 12. Do you have any Pressure Vacuum Breaker Assemblies (PVB, PVI in your water system? ■ Yes □No (if you answered yes, answer the questions below) a. How many assemblies are installed in your water system? b. How many assemblies were tested? c. How many assemblies passed their annual test? d. How many assemblies failed their annual test? e. Comments: 	BA, & SVBA) installed 01 01 01 01 0		
I certify the information provided is true to the best of my knowl information may result in penalties to the individual and to the water			
Printed Name: Michael R. Lee Title: P.W. Operations Superintendent			
Signature: Date: Date:			

Return completed reports by March 31, 2025.

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Questions? cross.connection@odhsoha.oregon.gov or 971-673-0321

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