PUBLIC HEALTH DIVISION
Center for Health Protection, Drinking Water Services
Kate Brown, Governor

Oregon Health Authority

2018 ANNUAL SUMMARY REPORT
CROSS CONNECTION & BACKFLOW PREVENTION

Please fill out the Annual Summary Report accurately and completely with **data from 2016**. Keep a completed copy for your records.

PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.

Return completed reports by **March 31, 2017**
Email: 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 westfir

2. **PWS ID# (41-#####):** 00939

3. **What size if your water system?** ☒ Small, 1-299 connections ☐ Large, 300 or more connections

4. **ASR Contact Information:** *(if there are questions about the ASR who should we contact?)*
   Name: Jackson stone
   Address: p o box 296
   City: westfir State: or Zip: 97492
   Email Address: westfircity@gmail.com
   Phone #: 5417823983 Alt Phone #: 5415548660

5. **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: 130
   b. Do you have any high hazard connections in your water system? ☐ Yes ☒ No How many: _____
   c. Do you have any other types of connections not listed above? ☐ Yes ☒ No How many: _____

6. **How many total connections are in your water system? (add the three lines above):** 130

Comments: _____

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. If you have not submitted an enabling authority to the State, please complete one and submit it as soon as possible.

7. **Does your water system have an enabling authority?**
   - [x] Yes
   - [ ] No (see note above)

8. **Was your enabling authority revised within the last year?**
   - [ ] Yes, email a copy to the cross connection program cross.connection@state.or.us
   - [x] No

QUESTIONS 9 - 11 are for **LARGE SYSTEMS ONLY** (300 + Service Connections) and are specific to the required **written backflow prevention program plan** outlined in OAR 333-061-0070(9)(b)

9. **Certified Cross Connection Specialist Information:**
   - [ ] Water system Employee [ ] Contracted service

   Name: _____ Cert #: _____
   Address: _____
   City: _____ State: _____ Zip: _____
   Email Address: _____
   Phone #: _____ Alt Phone #: _____

10. **Does your water system have a current written backflow prevention program plan?** [ ] Yes [ ] No

11. **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 users 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: [ ] Yes [ ] No
       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

12. **Are there any backflow devices or assemblies installed in your water system?** ☐Yes ■No

13. 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? 0

b. How many assemblies were tested? 0

c. How many assemblies passed their annual test? Include ones that were repaired or replaced. 0

d. How many assemblies failed their annual test? 0

e. Of the failed assemblies, how many were repaired or replaced and then passed? 0

f. How many brand new assemblies were installed? Do not include new assemblies that are replacing assemblies that failed during their annual test. 0

g. How many backflow assemblies were removed from service? 0

Comments:

14. 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? 1

b. How many assemblies were tested? 0

c. How many assemblies passed their annual test? Include ones that were repaired or replaced. 0

d. How many assemblies failed their annual test? 0

e. Of the failed assemblies, how many were repaired or replaced and then passed? 0

f. How many brand new assemblies were installed? Do not include new assemblies that are replacing assemblies that failed during their annual test. 0

g. How many backflow assemblies were removed from service? 0

Comments:

15. 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? _____

b. How many assemblies were tested? _____

c. How many assemblies passed their annual test? Include ones that were repaired or replaced. _____

d. How many assemblies failed their annual test? _____

e. Of the failed assemblies, how many were repaired or replaced and then passed? _____

f. How many brand new assemblies were installed? Do not include new assemblies that are replacing assemblies that failed during their annual test. _____

g. How many backflow assemblies were removed from service? _____

Comments: _____

16. Do you have any **Atmospheric Vacuum Breakers (AVB)** 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? _____

b. How many assemblies were tested? _____

c. How many assemblies passed their annual test? Include ones that were repaired or replaced. _____

d. How many assemblies failed their annual test? _____

e. Of the failed assemblies, how many were repaired or replaced and then passed? _____

f. How many brand new assemblies were installed? Do not include new assemblies that are replacing assemblies that failed during their annual test. _____

g. How many backflow assemblies were removed from service? _____

Comments: _____

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: Jackson stone **Title:** city operator

Signature: _____ **Date:** 1 24 19