



**2023 ANNUAL SUMMARY REPORT
CROSS CONNECTION & BACKFLOW PREVENTION**

Received
Jan 18 2024
Cross Connection

Please fill out the Annual Summary Report accurately and completely with **data from 2023**. Keep a completed copy for your records.

PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.

Return completed reports by **March 31, 2024**

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:** Madrone Hill Mobile Home Park **PWS ID#** 41-01033

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: John MacDiarmid

Email: madronehill@cwres.com

Phone #: 541-855-7749

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: _____

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: _____

Comments: _____

5. 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.

6. **Does your water system have an enabling authority?** Yes No (see note above)

7. **Was your enabling authority revised within the last year?**

Yes, email a copy to the Cross Connection program cross.connection@odhsoha.oregon.gov

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\(9\)\(b\)](#)

8. Certified Cross Connection Specialist Information:

Water system Employee Contracted service

Name: _____ Cert #: _____

Email Address: _____ Phone #: _____

9. Does your water system have a current written backflow prevention program plan? Yes No

10. 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 (High Hazard Table). 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, inspections completed, test results, and verification of current backflow assembly tester certification. Yes No

g. A public education program about cross connection control. Yes No

11. 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? 3

b. How many assemblies were tested? 3

c. How many assemblies passed their annual test? 3

d. How many assemblies failed their annual test? _____

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? _____
- b. How many assemblies were tested? _____
- c. How many assemblies passed their annual test? _____
- d. How many assemblies failed their annual test? _____
- e. Comments: _____

13. 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? _____
- d. How many assemblies failed their annual test? _____
- e. 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: Janet Dotson Title: Manager

Signature:  Date: 1/18/24

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

💧 Drinking Water Updates 💧

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

To get Cross Connection notifications, go to www.healthoregon.org/crossconnection and click on the **'Sign Up for Cross Connection News'**

SO BACKFLOW TECHS

8401-1

PO BOX 1543
MEDFORD OR 97501
(541) 779-8927

934 NW COOKE AVE
GRANTS PASS OR 97526
(541) 472-0280

- NEW
- EXISTING
- REMOVED
- REPLACED

BACKFLOW ASSEMBLY TEST REPORT

PROPERTY OWNER MADRONE HILL MOBILE HOME PARK PHONE: (541) 855-7749

MAILING ADDRESS 8401 OLD STAGE RD #101

CITY: CENTRAL POINT STATE OR ZIP: 97502-

ASSEMBLY ADDRESS 8401 OLD STAGE RD CENTRAL POINT OR

- RPBA
- DCVA
- RPDA
- DCDA
- PVBA
- SVBA
- AVB
- AIR GAP

SIZE 1.50 MAKE WATTS MODEL 007M1QT

WATER PURVEYOR PRIVATE WATER SERIAL NUMBER 102269

ASSEMBLY LOCATION 40' BEHIND POWER BOXES SW OF COMMUNITY CENTER

REDUCED PRESSURE ASSEMBLY

| | | | | | |
|----------------------|--|-----------------------|-------------------|-------------|-------------------------------------|
| INITIAL TEST RESULTS | #1 Check Press Drop | DOUBLE CHECK | AIR INLET CHECK | PASS | <input checked="" type="checkbox"/> |
| | Relief Opened At | CHECK #1 TIGHT LEAKED | OPENED AT | FAIL | <input type="checkbox"/> |
| | <input type="checkbox"/> RELIEF VALVE PASS | CHECK #2 TIGHT LEAKED | PSID DID NOT OPEN | DATE | <u>7/14/2023</u> |
| | <input type="checkbox"/> RELIEF VALVE FAIL | | PSID FAILED | SYSTEM PSI: | <u>50</u> |

COMMENTS REPAIRS AND / OR PARTS

CITY/METER NO:
Terry 541-482-6224

| | | | | | |
|--------------------|---------------------|----------------------------------|-----------------|--------------------|------------------------------------|
| TEST AFTER REPAIRS | #1 CHECK PRESS DROP | REDUCED PRESSURE ASSEMBLY | AIR INLET CHECK | PVBA / SVBA | AFTER REPAIRS |
| | RELIEF OPENED | CHECK #1 TIGHT | OPENED AT | PRESS DROP | PASS DATE |
| | | CHECK #2 TIGHT | | | TEST PASS <input type="checkbox"/> |

INCOMPLETING AND SUBMITTING THIS TEST REPORT. THE TESTER CERTIFIES THAT THE ASSEMBLY HAS BEEN TESTED AND MAINTAINED IN ACCORDANCE WITH ALL APPLICABLE RULES AND REGULATIONS OF THE WATER SYSTEM AND STATE REGULATIONS

GAUGE CALIBRATION DATE 06/07/23 DETECTOR METER READING

TESTERS SIGNATURE Philip Sander CERT # 3087

TESTERS NAME PRINTED PHILIP SANDER GAUGE 04200538

TESTERS ADDRESS 934 NW COOKE AVE GRANTS PASS OR PHONE 779-8927

COMPANY NAME SO BACKFLOW TECHS SERVICE RESTORE

REPORT RECEIVED BY PERMIT:

SO BACKFLOW TECHS

8401-2

PO BOX 1545
MEDFORD OR 97501
(541) 779-8927

934 NW COOKE AVE
GRANTS PASS OR 97526
(541) 472-0280

- NEW
- EXISTING
- REMOVED
- REPLACED

BACKFLOW ASSEMBLY TEST REPORT

PROPERTY OWNER MADRONE HILL MOBILE HOME PARK

PHONE: (541) 855-7749

MAILING ADDRESS 8401 OLD STAGE RD #101

CITY: CENTRAL POINT STATE OR ZIP: 97502-

ASSEMBLY ADDRESS 8401 OLD STAGE RD CENTRAL POINT OR

- RPBA
- DCVA
- RPDA
- DCDA
- PVBA
- SVBA
- AVB
- AIR GAP

SIZE .75 MAKE WATTS MODEL 007M2QT

WATER PURVEYOR PRIVATE WATER SERIAL NUMBER 177110

ASSEMBLY LOCATION 100' NE OF COMMUNITY CENTER

REDUCED PRESSURE ASSEMBLY

| | | | | | | |
|----------------------|--|---|-------------------|-------------|-------------|-------------------------------------|
| INITIAL TEST RESULTS | #1 Check Press Drop | DOUBLE CHECK | AIR INLET CHECK | PVBA / SVBA | PASS | <input checked="" type="checkbox"/> |
| | Relief Opened At | CHECK #1 TIGHT | OPENED AT | PRESS DROP | FAIL | <input type="checkbox"/> |
| | <input type="checkbox"/> RELIEF VALVE PASS | LEAKED <input checked="" type="checkbox"/> <u>2.4</u> | PSID DID NOT OPEN | PSID FAILED | DATE | <u>7/14/2023</u> |
| | <input type="checkbox"/> RELIEF VALVE FAIL | CHECK #2 TIGHT | | | SYSTEM PSI: | <u>50</u> |
| | | LEAKED <input checked="" type="checkbox"/> <u>2.2</u> | | | | |

COMMENTS REPAIRS AND / OR PARTS

CITY/METER NO:
Terry 541-482-6224

| | | | | | |
|--------------------|---------------------|----------------|-----------------|-------------|---------------|
| TEST AFTER REPAIRS | #1 CHECK PRESS DROP | DCVA | AIR INLET CHECK | PVBA / SVBA | AFTER REPAIRS |
| | RELIEF OPENED | CHECK #1 TIGHT | OPENED AT | PRESS DROP | PASS DATE |
| | | CHECK #2 TIGHT | | | TEST PASS |

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TESTERS SIGNATURE Philip Sander CERT # 3087

TESTERS NAME PRINTED PHILIP SANDER GAUGE 04200538

TESTERS ADDRESS 934 NW COOKE AVE GRANTS PASS OR PHONE # 779-8927

COMPANY NAME SO BACKFLOW TECHS SERVICE RESTORE

REPORT RECEIVED BY PERMIT:

SO BACKFLOW TECHS

84U1-3

PO BOX 1545
MEDFORD OR 97501
(541) 779-8927

934 NW COOKE AVE
GRANTS PASS OR 97526
(541) 472-0280

- NEW
- EXISTING
- REMOVED
- REPLACED

BACKFLOW ASSEMBLY TEST REPORT

PROPERTY OWNER MADRONE HILL MOBILE HOME PARK
MAILING ADDRESS 8401 OLD STAGE RD #101

PHONE: (541) 855-7749

CITY: CENTRAL POINT STATE OR ZIP: 97502-
ASSEMBLY ADDRESS 8401 OLD STAGE RD CENTRAL POINT OR

- RPBA DCVA RPDA DCDA PVBA SVBA AVB AIR GAP

SIZE 1.50 MAKE WILKINS MODEL 950XL

WATER PURVEYOR PRIVATE WATER SERIAL NUMBER 3364308

ASSEMBLY LOCATION 300' NE OF COMMUNITY CENTER

REDUCED PRESSURE ASSEMBLY

P V B A / S V B A

| | | | | | |
|----------------------|--|--|---------------------|------------------|--|
| INITIAL TEST RESULTS | #1 Check Press Drop | DOUBLE CHECK | AIR INLET OPENED AT | CHECK PRESS DROP | PASS <input checked="" type="checkbox"/> |
| | Relief Opened At | CHECK #1 TIGHT <input checked="" type="checkbox"/> | | | FAIL <input type="checkbox"/> |
| | <input type="checkbox"/> RELIEF VALVE PASS | LEAKED <input type="checkbox"/> <u>2.8</u> | PSID DID NOT OPEN | PSID FAILED | DATE <u>7/14/2023</u> |
| | <input type="checkbox"/> RELIEF VALVE FAIL | CHECK #2 TIGHT <input checked="" type="checkbox"/> | | | SYSTEM PSI: <u>50</u> |
| | | LEAKED <input type="checkbox"/> <u>2.6</u> | | | |

COMMENTS REPAIRS AND / OR PARTS

CITY/METER NO:
Terry 541-482-6224

| | | | | |
|--------------------|---------------------|---|---------------------|------------------------------------|
| TEST AFTER REPAIRS | #1 CHECK PRESS DROP | D C V A | P V B A / S V B A | AFTER REPAIRS |
| | RELIEF OPENED | CHECK #1 TIGHT <input type="checkbox"/> | AIR INLET OPENED AT | PASS DATE |
| | | CHECK #2 TIGHT <input type="checkbox"/> | PRESS DROP | TEST PASS <input type="checkbox"/> |

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PHONE # 779-8927

COMPANY NAME SO BACKFLOW TECHS

SERVICE RESTORE

REPORT RECEIVED BY

PERMIT: