



**2021 ANNUAL SUMMARY REPORT
CROSS CONNECTION & BACKFLOW PREVENTION**

Received
Mar 30 2022
Cross Connection

Please fill out the Annual Summary Report accurately and completely with **data from 2021**. Keep a completed copy for your records.

PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.

Return completed reports by **March 31, 2022**

Email: cross.connection@dhsosha.state.or.us, Fax: 971-673-0694

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

1. **Water System Name:** CHATEAU MOBILE VILLAGE PWS ID# 41- 01200

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: STEVEN WILSON

Email: CONTACT@SHILOHWATER.COM Phone #: 503-845-5225

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@state.or.us 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 #: _____ Alt 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. 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

11. Are there any backflow assemblies or devices installed in your water system? Yes No

12. 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? 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

Comments: REPORT ATTACHED.

13. 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: _____

14. 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: ANNA WILSON **Title:** BUS. ADMIN
Signature:  **Date:** 3/30/22

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

Questions? cross.connection@dhsosha.state.or.us 971-673-0321

💧 Drinking Water Updates 💧

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 www.healthoregon.org/dws and click on the **'Subscribe to Email Alerts'** button!

To get Cross Connection notifications, go to www.healthoregon.org/crossconnection and click on the **'Subscribe to Email Alerts'**

TOM HEMPEL TESTING LLC

Cust #13553

Please Mail Payment to: P.O. Box 20271 - Keizer, OR 97307
 Pay online at www.testsbytom.com
 503-390-1961

- New
- Existing
- Remove
- Replacement

BACKFLOW ASSEMBLY TEST REPORT

Owner: Caritas Acquisitions Phone: (503) 910-6335

Address: 3 Park Plaza suite 1700

City: Irvine State: CA Zip: 92614

Assembly Address: 16688 Hwy 99E, Woodburn, OR 97071

- R.P.B.A.
 D.C.V.A.
 R.P.D.A.
 D.C.D.A.
 P.V.B.A.
 S.V.B.A.
 A.V.B.
 AIR GAP

Size: 1.00 Make: Wilkins Model: 975 XL

Water Purveyor: N/A Serial Number: 3151895

Assembly Location: Swimming pool- mens dressing room

Initial Test Results	Reduced Pressure Assembly	PVBA/SVBA	Initial Test
	#1 Check Press Drop: <u>5.7</u> (A) Relief Valve Opened at: <u>5.7</u> (B) <small>Min 2 PSID</small> Relief Valve Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Double Check Check #1 Tight <input type="checkbox"/> Leaked <input type="checkbox"/> PSID Check #2 Tight <input type="checkbox"/> Leaked <input type="checkbox"/> PSID	Air Inlet Check Opened At Press Drop PSID PSID Did Not Open <input type="checkbox"/> Failed <input type="checkbox"/>
Comments, Repairs and/or Parts			
Test After Repairs	Reduced Pressure Assembly	PVBA/SVBA	After Repairs
	#1 Check Press Drop _____ (A) Relief Opened _____ (B) Buffer <small>Min 2 PSID</small> A - B = _____ <small>Min 3 PSID</small>	D.C.V.A. Check #1 Tight <input type="checkbox"/> Leaked <input type="checkbox"/> PSID Check #2 Tight <input type="checkbox"/> Leaked <input type="checkbox"/> PSID	Opened At Press Drop PSID PSID

In completing 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.

Tester Signature: Richard D. Ross

Tester's Name Printed: Richard Ross

02AC19070059 6243 9524 192917 Service Restored as Found
 Gauge # Cert # LCB# CCB#

Report Received By: _____