



2023 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

Received
March 12 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: Shady Rest Mobile Court PWS ID#41-01214 What size is your water system? Small (1-299 connections) Large (300+ connections) ASR Contact Information: (if there are questions about the ASR who should we contact?) Name: Traci K Hughes Email: vista@cwres.com Phone #: 541 371 4479 4. Customer Base: Who does your water system serve? Count each service connection only once, include connections with and without a backflow assembly. Yes No How many: 57 Do you have any residential connections in your water system? Yes No How many: 0 b. Do you have any high hazard connections in your water system? Yes No How many: 0 c. Do you have any other types of connections not listed above? 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

Ē	Certified Cross Connection Specialist Information: Water system Employee Contracted service					
N	ame:		Cert #:			
Eı	mail Address:					
	oes your water system have					
0. D	oes the <u>backflow preventio</u>	ı plan include the follo	wing:			
a.	A list of premises where health those listed in Table 42 (High)	n hazard cross connections	s exist, including, but not lim	nited to,		
b.	Procedure for continually every premises.	valuating the degree of h	nazard posed by a water us	sers ☐ Yes ☐No		
c.	Procedure for notifying the videntified, and for informing	water user if a non-heal g the water user of any c	th hazard or health hazard corrective action required.	is ☐ Yes ☐No		
d.	The type of protection require commensurate with the degree					
e.	A description of what correct with the water suppliers cross			comply Yes \(\square\) Yes		
f.	Current records of approved completed, test results, and					
g.	A public education program	about cross connection	control.	☐ Yes ☐No		
	you have any Reduced Pressu			RPDA) installed in your		
wa a.	iter system? \(\subsection Yes \subsection No \) (if) How many assemblies are ins	you answered yes, answer th talled in your water syster	· · ·	No		
b.	How many assemblies were to	ested?				
c.	How many assemblies passed	their annual test?				
d.	How many assemblies failed	their annual test?				
	Comments:					

12. D	you have any Double Check Backflow Prevention Assemblies (DC, DCVA, & DCDA) installed	in your water
sy	stem? Tes No (if you answered yes, answer the questions below)	
a.	How many assemblies are installed in your water system?	No
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 v	vater system?
	Yes No (if you answered yes, answer the questions below)	
a.	How many assemblies are installed in your water system?	No
ь.	How many assemblies were tested?	
c.	How many assemblies passed their annual test?	
d.	How many assemblies failed their annual test?	
e.	Comments:	
		· · · · · · · · · · · · · · · · · · ·
penalt	fy the information provided is true to the best of my knowledge. Providing false informatio ies to the individual and to the water system. Traci K Hughes Title: Manager	
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Signa	ture: Date: 3:12.	2024

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

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'