



2019 ANNUAL SUMMARY REPORT (ASR) CROSS CONNECTION & BACKFLOW PREVENTION

FEB **2 0** 2020

Certification Please fill out the Annual Summary Report accurately and completely with data from 2019. Keep a completed copy for your records. PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING Return completed reports by March 31, 2020 Email: cross.connection@dhsoha.state.or.us, Fax: 971-673-0694 Mail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293 1. Water System Name: Cove Orchard Water Association PWS ID# 41-01289 What size is your water system? Small (1-299 connections) Large (300+ connections) 3. **ASR Contact Information:** (if there are questions about this report who should we contact?) Name: Elliott Rector or Sharon Ison Address: PO BOX 111 City: Yamhill had ad they man to State: OR Zip: 97148 Phone #: 503-662-4431 Email: coveorchard66@gmail.com 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: 82 b. Do you have any high hazard connections in your water system? Yes No How many: 1 Yes No How many: 2 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)

Yes, email a copy to the cross connection program cross.connection@dhsoha.state.or.us

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

	ertified Cross Connection Specialist Information:			
	Water system Employee			
N	ame: Cert #: ddress:			
	ity:State:Zip:			
	nail Address:			
Pl	none #: Alt Phone #:			
D	oes your water system have a current written backflow prevention program plan?	Yes No		
. D	oes the backflow prevention plan include the following:			
	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 user's premises.	Yes No		
	m. Consideration and Electrical Consideration and Office Range Fill States and the resource			
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, and 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:			
	i. inspections completed, with the second of	Yes No		
	ii. backflow prevention assembly test results on backflow prevention assemblies,iii. verification of current backflow assembly tester certification	Yes No		
g.	A public education program about cross connection control.	Yes No		
A :	re there any backflow assemblies or devices installed in your water system? Yes No	C. Doyou ruments:		
W	by you have any Reduced Pressure Backflow Prevention Assemblies (RP, RPBA, & RPDA) instater system? Yes \(\subseteq \text{No} \) (if you answered yes, answer the questions below)			
	How many assemblies are installed in your water system?			
b.	How many assemblies were tested?	TO THE THE PERSON		
c.	How many assemblies passed their annual test?	1 ,		
d.	How many assemblies failed their annual test?	0		
	Comments: Vision one of Comments: Vision and one of Comments of Co			

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?	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
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:	
	
15. Do you track any Atmospheric Vacuum Breakers (AVB) installed in yo	ur water system? Yes No
I certify the information provided is true to the best of my knowledge. Providing penalties to the individual and to the water system.	g false information may result in
Printed Name: Elliott Rector	Title: VP, DRC
Signature:	Date: 2/18/2020

Return completed reports by March 31, 2020 Email: cross.connection@dhsoha.state.or.us

Fax: 971-673-0694

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

Questions? 971-673-0321 or email: cross.connection@dhsoha.state.or.us

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'

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	a. How many assemblies are installed in your voter system?
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Date: 2/18/2020	ignature:
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