



2022 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

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cor	ase fill out the Annual Summary Report accurately and completely with data from 2022. Keep a completed by for your records.		
PL	EASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.		
Εm	eturn completed reports by March 31, 2023 mail: cross.connection@dhsoha.state.or.us , Fax: 971-673-0694 fail: DWS-Cross Connection ; 800 NE Oregon Street, Suite 640; Portland, OR 97293 Water System Name: SUNDOWNER MOBILE HOME PARK PWS ID# 41-01344		
1.	Water System Name: SUNDOWNER MOBILE HOME PARK PWS ID# 41-01344		
	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: BRIAN BELL		
	Email:Phone #: (541) 963-6259		
4.	o G		
	a. Do you have any residential connections in your water system? Yes No How many: 81		
	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: 15		
Co	omments:		
5.	An <u>enabling authority</u> 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. 7.			

Certified Cross Connection Specialist Information: Water system Employee Contracted service		
Name: Cert #:		
Email Address: Alt Phone #:		
Does your water system have a current written backflow prevention program plan?	Yes No	
 Does the <u>backflow prevention plan</u> 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: i. inspections completed, ii. backflow prevention assembly test results on backflow prevention assemblies, iii. verification of current backflow assembly tester certification 	Yes No Yes No Yes No Yes No	
g. A public education program about cross connection control.	Yes No	
1. Are there any backflow assemblies or devices installed in your water system? Yes No		
2. Do you have any Reduced Pressure Backflow Prevention Assemblies (RP, RPBA, & RPDA) i water system? Yes No (if you answered yes, answer the questions below) a. How many assemblies are installed in your water system?	nstalled in your	
b. How many assemblies were tested?		
c. How many assemblies passed their annual test?	manus	
d. How many assemblies failed their annual test?		
Comments:		

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

Drinking Water Updates &

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