

Kate Brown, Governor

## 2020 ANNUAL SUMMARY REPORT **CROSS CONNECTION & BACKFLOW PREVENTION**

Pl	lease fill out the Annual Summary Report accurately and completely with <b>data from 2020</b> . Keep a completed opy for your records.		
P	LEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.		
Eı	eturn completed reports by March 31, 2021 mail: <a href="mailto:cross.connection@dhsoha.state.or.us">cross.connection@dhsoha.state.or.us</a> , Fax: 971-673-0694 fail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293		
1.	Water System Name: 14APPY HOLLOW WATER COMPANY PWS ID# 41-01353		
2.	What size is your water system? Missing Small (1-299 connections) Large (300+ connections)		
3.	ASR Contact Information: (if there are questions about the ASR who should we contact?)  Name:		
	Email: Phone #: 541.420.1407		
	rhone #rhone #		
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: 20		
	b. Do you have any high hazard connections in your water system?		
	c. Do you have any other types of connections not listed above?		
Co	omments:		
	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: <u>www.healthoregon.org/crossconnection</u> . If you have not submitted an enabling authority to the State, please complete one and submit it as soon as possible.		
6. 7.	Does your water system have an enabling authority? Yes No (see note above)  Was your enabling authority revised within the last year?  Yes, email a copy to the Cross Connection program cross.connection@state.or.us		

8. Certified Cross Connection  Water system Employee		
Name:	Cert #·	
Email Address:	Alt Phone #:	
Phone #:	Alt Phone #:	
9. Does your water system h	nave a current written backflow prevention program plan?	☐ Yes ☐No
10. Does the backflow prever	ntion plan include the following:	
a. A list of premises where h those listed in Table 42.	ealth hazard cross connections exist, including, but not limited to,	☐ Yes ☐No
b. Procedure for continuall premises.	ly evaluating the degree of hazard posed by a water users	Yes No
	the water user if a non-health hazard or health hazard is ming the water user of any corrective action required.	Yes No
	equired to prevent backflow into the public water supply, degree of hazard that exists on the water user's premises.	☐ Yes ☐No
	orrective actions will be taken if a water user fails to comply cross connection control requirements.	☐ Yes ☐No
<ul><li>i. inspections complete</li><li>ii. backflow prevention</li></ul>	n assembly test results on backflow prevention assemblies,	<ul><li>Yes □No</li><li>Yes □No</li><li>Yes □No</li></ul>
iii. verification of curre	ent backflow assembly tester certification	Yes No
g. A public education prog	ram about cross connection control.	☐ Yes ☐No
1. Are there any backflow asse	emblies or devices installed in your water system? Tyes	
water system? Yes No	ressure Backflow Prevention Assemblies (RP, RPBA, & RPDA) ins (if you answered yes, answer the questions below) e installed in your water system?	talled in your
b. How many assemblies we		
c. How many assemblies par		
d. How many assemblies fai		

13.	Do	you have any <b>Double Check Backflow Prevention Assemblies</b> (DC, DCVA, & DCDA) installed in your water
	sys	tem? 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 ce pen	rtif alti	y the information provided is true to the best of my knowledge. Providing false information may result in es to the individual and to the water system.
Pri	nte	d Name: Tia Ontko Title: trust fowner
Sign	nat	ure: Iwa Onto Date: 11-30-2)

Return completed reports by March 31, 2020

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

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

Questions? cross.connection@dhsoha.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 <a href="https://www.healthoregon.org/dws">www.healthoregon.org/dws</a> and click on the 'Subscribe to Email Alerts' button!

To get Cross Connection notifications, go to <a href="www.healthoregon.org/crossconnection">www.healthoregon.org/crossconnection</a> and click on the 'Subscribe to Email Alerts'