



PUBLIC HEALTH DIVISION  
Center for Health Protection, Drinking Water Services  
Kate Brown, Governor

Oregon  
**Health**

RECEIVED  
MAR 02 2021

Certification  
Drinking Water Services

<sup>2020</sup>  
~~2017~~ ANNUAL SUMMARY REPORT (ASR)  
CROSS CONNECTION & BACKFLOW PREVENTION

Please fill out the Annual Summary Report accurately and completely with data from 2017. Keep a completed copy for your records.

**PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.**

Return completed reports by **March 31, 2018**

Email: [cross.connection@state.or.us](mailto:cross.connection@state.or.us), Fax: 971-673-0694

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

Email

1. Water System Name: Orinda Mobile Park PWS ID# 41- 01416

2. 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: Bernie Tugden

Address: P.O. Box 3151

City: Salem, OR State: \_\_\_\_\_ Zip: 97302

Email: BernieTugden@com Phone #: 503-571-8044

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: 15

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](http://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](mailto: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 #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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 user's 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? \_\_\_\_\_

b. How many assemblies were tested? \_\_\_\_\_

c. How many assemblies passed their annual test? \_\_\_\_\_

d. How many assemblies failed their annual test? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Do you track any **Atmospheric Vacuum Breakers (AVB)** installed in your water system? ☐ Yes ☒ No

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: Deanna Turdred Title: owner

Signature: [Signature] Date: 2/27/21

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