



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

FEB 1 3 2020

Please fill out the Annual Summary Report accurately and completely with data from 2010

| | ompleted copy for your records. |
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| Pl | LEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING. |
| Er | eturn completed reports by March 31, 2020 mail: cross.connection@dhsoha.state.or.us , Fax: 971-673-0694 fail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293 |
| 1. | Water System Name: Valley Vista Estates Improvement Dist. PWS ID# 41-01426 |
| 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: Tony Jurado |
| | Address: 395 Robleda Dr. |
| | City: Central Point State: Or Zip: 97502 |
| | Email: txjurado@hotmail.com Phone #: 541.821.5789 |
| 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 \(\subseteq No \) How many: \(\subseteq 18 \) |
| | 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: |
| 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. | 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@dhsoha.state.or.us |

| Certified Cross Connection Specialist Information: | | | | |
|--|-------------------------|---------------------------------------|--|--|
| Water system Employee Contracted service Name: Cert #: | | | | |
| Address: | Sell #. | 9 | | |
| Address:State: | Zin: | | | |
| Email Address: | | | | |
| Email Address: Alt Phone #: Alt Phone #: | × . | · · · · · · · · · · · · · · · · · · · | | |
| Does your water system have a current written backflow preven | | Yes No | | |
| . Does the backflow prevention plan include the following: | | | | |
| a. A list of premises where health hazard cross connections exist, includit those listed in Table 42. | ng, but not limited to, | Yes No | | |
| b. Procedure for continually evaluating the degree of hazard posed premises. | by a water user's | Yes No | | |
| c. Procedure for notifying the water user if a non-health hazard or hidentified, and for informing the water user of any corrective act | | Yes No | | |
| d. The type of protection required to prevent backflow into the public commensurate with the degree of hazard that exists on the water | * * * * | Yes No | | |
| e. A description of what corrective actions will be taken if a water with the water suppliers cross connection control requirements. | user fails to comply | Yes No | | |
| f. Current records of approved backflow prevention assemblies ins i. inspections completed, | | Yes No | | |
| ii. backflow prevention assembly test results on backflow previii. verification of current backflow assembly tester certification | | Yes No | | |
| g. A public education program about cross connection control. | | Yes No | | |
| . Are there any backflow assemblies or devices installed in your water | system? ■Yes □No | | | |
| . 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 | r |
|--|------|
| 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: | |
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| | |
| 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: | |
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| | |
| 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 penalties to the individual and to the water system. | t in |
| Printed Name: Tony Jurado Title: Board Member | |
| Signature: | |
| 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'