

## 2024 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

Received Sept 3 2025 Cross Connection

Please fill out the Annual Summary Report accurately and completely with data from 2024. Keep a completed copy for your records. PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING. Submit completed reports by March 31, 2025 Email: cross.connection@odhsoha.oregon.gov, Fax: 971-673-0694 Mail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293 1. Water System Name: SHIELD CREST WATER ASSN PWS ID# 41-01500 2. 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: John Morawiec Phone #: 541-274-0635 Email: wickf15@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: <sup>26</sup> 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: ☐ No (see note above) 5. Does your water system have an enabling authority? 6. Was your enabling authority revised within the last year?

■ No

Yes, email a copy to <a href="mailto:cross.connection@odhsoha.oregon.gov">cross.connection@odhsoha.oregon.gov</a>

QUESTIONS 8 - 10 are for LARGE SYSTEMS ONLY (Large = 300+ Service Connections) and are			
spe	ecific to the required written backflow prevention program plan outlined in	OAR 333-061-	
007	<u>70(9)(b)</u>		
7.	Certified Cross Connection Specialist Information:  Water system Employee  Contracted service		
		rt #:	
		one #: <u>541-273-0490</u>	
8.	Does your WS have a current written backflow prevention program plan	<u>n</u> ? ☐ Yes ☐ No	
9.	Does the <u>backflow prevention plan</u> include the following:  a. A list of premises where health hazard cross connections exist, including, not limited to, those listed in Table 46 (High Hazard Table).	but	
	<ul> <li>b. Procedure for continually evaluating the degree of hazard posed by a wat users premises.</li> </ul>	er Yes No	
	c. Procedure for notifying the water user if a non-health hazard or health haz identified, and for informing the water user of any corrective action require	zard is ed.	
	d. The type of protection required to prevent backflow into the public water s commensurate with the degree of hazard that exists on the water user's premises.	upply,	
	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.	o ☐ Yes ☐No	
	f. Current records of approved backflow prevention assemblies installed, inspections completed, test results, and verification of current backflow assembly tester certification.	☐ Yes ☐ No	
	g. A public education program about cross connection control.	☐ Yes ☐ No	
10	Do you have any <b>Reduced Pressure Backflow Prevention Assemblies</b> (FRPDA) installed in your water system?   (if you answered yes, answer the questions below)	RP, RPBA, &	
	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?		
Co	omments:	9	
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11. Do you have any Double Check Backflow Prevention Assemblies	s (DC, DCVA, & DCDA)
<ul> <li>installed in your water system? ■ Yes □No (if you answered yes, answe</li> <li>a. How many assemblies are installed in your water system?</li> <li>b. How many assemblies were tested?</li> <li>c. How many assemblies passed their annual test?</li> <li>d. How many assemblies failed their annual test?</li> <li>e. Comments:</li> </ul>	
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:	VBA, & SVBA) installed
I certify the information provided is true to the best of my knowinformation may result in penalties to the individual and to the way a printed Name:  John S. Morawiec  Signature:  John S. Morawiec	

## Return completed reports by March 31, 2025.

Email: cross.connection@odhsoha.oregon.gov, Fax: 971-673-0694 or

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

Questions? <a href="mailto:cross.connection@odhsoha.oregon.gov">cross.connection@odhsoha.oregon.gov</a> or 971-673-0321

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