Public Health Division

Drinking Water Services



2024 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

Received
Mar 21 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: Row River Valley Water District	PWS ID# 41-01515			
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: Jim Eckstine				
		hone #: 5419461655			
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: 103	tem?			
	b. Do you have any high hazard connections in your water sy Yes No How many:	stem?			
	c. Do you have any other types of connections not listed about the second secon	ve?			
	Comments: schools				
5.	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 cross.connection@odhsoha.oregon.g	ov No			

00	ecific to the required <u>written backflow prevention program plan</u> outlined in <u>OAR</u> 70(9)(b)		
7.	Certified Cross Connection Specialist Information: Water system Employee Contracted service		
	Name: Cert #:		
3	Email Address: Phone #:	What is a second of the second	
8.	Does your WS have a current written backflow prevention program plan?	Yes No	
9.	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 46 (High Hazard Table).	☐ 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	
	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 Reduced Pressure Backflow Prevention Assemblies (RP, RP 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?	15 San	
	b. How many assemblies were tested?		
	c. How many assemblies passed their annual test?		
	d. How many assemblies failed their annual test?		
Со	mments:		

Return completed reports by March 31, 2025.

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Questions? cross.connection@odhsoha.oregon.gov or 971-673-0321

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