





2020 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

	ase fill out the Annual Summary Report accurately and completely with	data from 2020. Keep a completed			
	by for your records.				
PL	EASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS V	VILL DELAY PROCESSING.			
Em	turn completed reports by March 31, 2021 nail: cross.connection@dhsoha.state.or.us , Fax: 971-673-0694 nil: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland	OR 97293			
1.	Water System Name: Metolius Meadows	PWS ID# 41-90192			
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: Ed Young				
	Email: Edyoung9@Gmail.com Phone #	:5419711714			
4.	Customer Base: Who does your water system serve? Count each serve connections with and without a backflow assembly.	ice connection only once, include			
	a. Do you have any residential connections in your water system?	Tyes Tho How many: 153			
	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:			
Со	omments:				
5.	An <u>enabling authority</u> is required for all community water systems. T water system to discontinue service for various reasons. A sample enabling authority to the State, please complete one and submit it as so	oling authority is available for small. If you have not submitted an			
6. 7.	Was your enabling authority revised within the last year?	No (see note above)			
	Yes, email a copy to the Cross Connection program cross.connection	on@state.or.us 🗔 No			

	rtified Cross Connection Water system Employee	Specialist Information: Contracted service	
	me: Ed Young	Cert #: 2832	
	mail Address: Admin@mmpoa.org		
Pho	one #: 5415952101	Alt Phone #: 5415956085	
Do	es your water system hav	e a current written backflow prevention program plan?	
. Do	es the <u>backflow preventi</u>	on plan include the following:	
a	A list of premises where heal those listed in Table 42.	th hazard cross connections exist, including, but not limited to, Yes No.	
	Procedure for continually e premises.	evaluating the degree of hazard posed by a water users	
		e water user if a non-health hazard or health hazard is any corrective action required.	
d.	The type of protection requ commensurate with the de	gree of hazard that exists on the water user's premises.	
		ective actions will be taken if a water user fails to comply oss connection control requirements.	
f.		ed backflow prevention assemblies installed:	
	i. inspections completed		
		assembly test results on backflow prevention assemblies, backflow assembly tester certification Yes IN	
g.	A public education program	m about cross connection control.	
l. A r 2. Do	e there any backflow assembly you have any Reduced Prester system? Yes Mo	blies or devices installed in your water system? Yes No sure Backflow Prevention Assemblies (RP, RPBA, & RPDA) installed in the system of the system of the system? Installed in your water system?	
đ.			
u.	TIOW HALLY ASSOCIATIONES TAILED	T FILLY CHILDREN IN THE PROPERTY OF THE PROPER	

13. Do	you have any Double Check Backflow Prevention Assemblies (I	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?	153		
b.	How many assemblies were tested?	153		
c.	How many assemblies passed their annual test?	108		
d.	How many assemblies failed their annual test?	45		
e.	Comments:	<i>p</i> .		
14. Do	you have any Pressure Vacuum Breaker Assemblies (PVB, PVB	A, & SVBA) installed in your water system?		
	Yes No (if you answered yes, answer the questions below)			
a.	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:			
	By the information provided is true to the best of my knowledges to the individual and to the water system.	e. Providing false information may result in		
Printe	d Name: Ed Young	Title: Operation Mana		
~ ~~~~~				
Signat	ure: El Soupe	Date: <u>8-29-21</u>		
Return	completed reports by March 31, 2020			
	cross.connection@dhsoha.state.or.us, Fax: 971-673-0694 or			
Mail:	DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Po	ortland, OK 97293		
Questi	ons? 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 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'