Drinking Water Services



2024 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

Received Feb 18 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: 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	#: 541-971-1714	
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: 151 		
	 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.	Does your water system have an enabling authority? ■ Yes	☐ No (see note above)	
6.	Was your enabling authority revised within the last year? Yes, email a copy to cross.connection@odhsoha.oregon.gov	■ No	

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	Certified Cross Connection Specialist Information: Water system Employee	_{4:} 2832
	Email Address: Edyoung9@gmail.com Phone	±: 2832 ±: 541-971-1714
	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 42 (High Hazard Table).	t 🔲 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 identified, and for informing the water user of any corrective action required.	d is Yes N
	d. The type of protection required to prevent backflow into the public water sup- commensurate with the degree of hazard that exists on the water user's premises.	ply,
	 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 ☐N
	f. Current records of approved backflow prevention assemblies installed, inspections completed, test results, and verification of current backflow assembly tester certification.	☐ Yes ☐ N
	g. A public education program about cross connection control.	☐ Yes ☐ N
10	Do you have any Reduced Pressure Backflow Prevention Assemblies (RP, RPDA) installed in your water system? Yes No (if you answered yes, answer the questions below)	, 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	mments:	

11. Do you have any Double Check Backflow Prevention Assemblies (D	oc, DCVA, & DCDA)
installed in your water system? Yes No (if you answered yes, answer the	questions below) 151
a. How many assemblies are installed in your water system?b. How many assemblies were tested?	151
	126
c. How many assemblies passed their annual test?	25
 d. How many assemblies failed their annual test? e. Comments: All failed assemblies were repaired and passed the following and pass	
12. Do you have any Pressure Vacuum Breaker Assemblies (PVB, PVB	3A, & 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?	\ <u></u>
d. How many assemblies failed their annual test?	
e. Comments:	
I certify the information provided is true to the best of my knowled information may result in penalties to the individual and to the water	
Printed Name: Ed Young	Title: Operations Manager
Signature: Ed young	Date: <u>2-18-25</u>

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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