



## 2021 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

Received Mar 30 2022 Cross Connection

|          | ease fill out the Annual Summary Report accurately and completely with <b>data from 2021</b> . Keep a completed by for your records.   |
|----------|--|
| PL       | EASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.   |
| Em       | turn completed reports by March 31, 2022 nail: <a href="mailto:cross.connection@dhsoha.state.or.us">cross.connection@dhsoha.state.or.us</a> , Fax: 971-673-0694 nil: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293   |
| 1.       | Water System Name: Clackamas River RV Park PWS ID#41-94761   |
| 2.       | What size is your water system? Small (1-299 connections)  |
| 3.       | ASR Contact Information: (if there are questions about the ASR who should we contact?)  Name: Valerie Gourneau   |
|          | Email: Clackamasriverrypark@rconnects. Phone #: 503-630-7000   |
| 4.       | <b>Customer Base:</b> 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: 102  |
|          | 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?  |
| Co       | mments:  |
| 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: <a href="www.healthoregon.org/crossconnection">www.healthoregon.org/crossconnection</a> . If you have not submitted an enabling authority to the State, please complete one and submit it as soon as possible. |
| 6.<br>7. | Does your water system have an enabling authority? Yes \tag{Yes} No (see note above)  Was your enabling authority revised within the last year?  Yes, email a copy to the Cross Connection program <a href="mailto:cross.connection@state.or.us">cross.connection@state.or.us</a> \tag{No}   |

| Certified Cross Connection Specialist Information:   |                             |
|--|-----------------------------|
| ☐ Water system Employee ☐ Contracted service   |                             |
| Email Address:   |                             |
| Name:  |                             |
| Does your water system have a current written backflow prevention program plan?  | Yes No                      |
| Does the <u>backflow prevention plan</u> include the following:  |                             |
| a. A list of premises where health hazard cross connections exist, including, but not limited to, those listed in Table 42.  | 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                      |
| f. Current records of approved backflow prevention assemblies installed:  i. inspections completed,  ii. backflow prevention assembly test results on backflow prevention assemblies,  iii. verification of current backflow assembly tester certification | Yes No Yes No Yes No 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 <b>Reduced Pressure Backflow Prevention Assemblies</b> (RP, RPBA, & RPDA) inswater system? Yes No (if you answered yes, answer the questions below)  a. How many assemblies are installed in your water system?                            | talled in your              |
| 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   | o you have any <b>Double Check Backflow Prevention Assemblies</b> (DC, DCVA, & DCDA) installed it | n your water   |  |  |  |
|--|---|--|--|--|--|
| sy   | stem? XYes \( \subseteq No \) (if you answered yes, answer the questions below)                   |  |  |  |  |
| a.   | How many assemblies are installed in your water system?   |  |  |  |  |
| ъ.   | How many assemblies were tested?  |  |  |  |  |
| c.   | How many assemblies passed their annual test?   |  |  |  |  |
| d.   | How many assemblies failed their annual test?   |  |  |  |  |
| e.   | Comments:   | The Comments of Assets   |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
| 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:   |  |  |  |  |
|  |   |  |  |  |  |
|  |   | PROFESSION AND ADMINISTRATION AN |  |  |  |
|  |   |  |  |  |  |
| I certify the information provided is true to the best of my knowledge. Providing false information may result in penalties to the individual and to the water system. |   |  |  |  |  |
| Print  | ed Name: Valerie Gourneau Title: Manager  | /sm. Water<br>/sys. Operator   |  |  |  |
| Signa  | ed Name: Valerie Gourneau Title: Manager uture: Valerie Gourneau Date: BM                         | ur 2022  |  |  |  |
|  |   |  |  |  |  |

Return completed reports by March 31, 2022

Email: cross.connection@dhsoha.state.or.us, Fax: 971-673-0694 or

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

Questions? <a href="mailto:cross.connection@dhsoha.state.or.us">cross.connection@dhsoha.state.or.us</a> 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 <a href="https://www.healthoregon.org/dws">www.healthoregon.org/dws</a> and click on the 'Subscribe to Email Alerts' button!

To get Cross Connection notifications, go to <a href="www.healthoregon.org/crossconnection">www.healthoregon.org/crossconnection</a> and click on the 'Subscribe to Email Alerts'