

**2014 ANNUAL SUMMARY REPORT**  
**Cross Connection/Backflow Prevention**  
**Water Systems with 300 or More Connections**  
**Public Health Authority**  
**Drinking Water Services**



The Specialist who is responsible for implementing the Cross Connection/Backflow Prevention Program for this water system should complete, sign and date this report. Please type or print clearly. This report is due by March 31, 2015.

**1. Address** Please provide the mailing address for cross connection related mail, and the other communication information.

_____		4	1	_____	_____	_____	_____
Water System Name		PWS ID #					
_____		_____					
Mailing Address		Phone Number					
_____	_____	_____	_____	_____	_____	_____	_____
City	State	Zip	email				
_____							
Cross Connection/Backflow Prevention Contact Person							

**2. Cross Connection Ordinance or Other Enabling Authority**

All community water systems with 15 or more connections are required to have a written cross connection ordinance, by-laws, policy or other written enabling authority.

- a. Does your water system have a written ordinance (or other enabling authority)?  Yes  No
- b. Date of latest revision\_\_\_\_\_. Submit a copy of your latest revision with this report only if your current one is not already on file with the Drinking Water Program. Do not submit a written copy every year unless you make changes to it.

**3. Certified Cross Connection Specialist**

Community water systems serving 300 or more service connections must have a certified Cross Connection Specialist who is responsible for the Cross Connection/Backflow Prevention Program. (OAR 333-061-0073(1)) This is **not** for people who are Water System Operators or Testers only.

_____	_____
Cross Connection Specialist	Certification Number
<input type="checkbox"/> Water system employee <input type="checkbox"/> Contracted Service <input type="checkbox"/> Other _____	

**4. Additional Staff** Please list any additional currently certified Cross Connection Certified Specialists or Testers with their certification numbers.

\_\_\_\_\_

\_\_\_\_\_

For Administrative use only

All \_\_\_\_\_ RPs \_\_\_\_\_ IF \_\_\_\_\_ % Devices \_\_\_\_\_ Specialist \_\_\_\_\_ Enab. Ord. \_\_\_\_\_

## 5. Your Customer Base

Who does your water system serve? **This is for everyone in your water system - not just people with backflow assemblies. Check yes or no - do not leave blank.** If you check yes for any group, fill in the quantity being as accurate as possible. A connection can only be used once. If someone is a commercial customer and a high hazard – use only as a high hazard. The total of the first three lines should equal the number of connections on the fourth line.

Yes No

- Residential customers. If yes, how many connections? \_\_\_\_\_
- Customers specified in Table 48 of OAR 333-061-0070 Cross Connection Control Requirements. This identifies most high hazards. A copy of this table is on page 4 of this form. If yes, how many? \_\_\_\_\_
- How many customers are not residential or listed on Table 48? \_\_\_\_\_  
This is everyone else - mainly commercial properties and multi-family dwellings.

Number of connections in this system. \_\_\_\_\_ If you don't know, you can go to <https://yourwater.oregon.gov> and find your system by name or water system ID number.

## 6. System Questions:

If your system's written policy does not specifically ban use of a type of assembly, you are allowing its use. **Reduced Pressure Backflow Prevention Assemblies are required to be used in "high hazard" situations and you should not deny their use even if you do not have a high hazard situation now. Double Checks are required in the Plumbing code in some situations and you should not deny their use.**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Are Reduced Pressure Backflow Prevention Assemblies allowed in your system? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are Double Check Backflow Prevention Assemblies allowed in your system?     | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are Pressure Vacuum Breakers allowed in your system?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are Atmospheric Vacuum Breakers allowed in your system?                     | <input type="checkbox"/> | <input type="checkbox"/> |

## 7. Written Backflow Prevention Program

All Community Water Systems must have a written Cross Connection/Backflow Prevention Program.

Does your water system have a current:

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Written Backflow Prevention Program Plan? To satisfy this requirement you must have the following three elements. | <input type="checkbox"/> | <input type="checkbox"/> |

Does your program plan include:

- b. A master list of facilities and premises which are subject to testing and those that are not?
- c. On the above master list, do you designate high hazards?    
You could have a separate list or designation of your customers that are high hazards.
- d. Do you keep a current record of yearly testing and take action on missing ones?

**8. Testing**

This refers to tests made by your water system and those made by Oregon Certified Testers and turned into your system from January 1, 2014 thru December 31, 2014. Failures include assemblies that worked properly after being flushed. If a device is tested several times before it passes, that is only one test for our purposes here.

- a. How many Backflow Prevention assembly tests were done in 2014? \_\_\_\_\_
- b. How many assemblies or devices initially failed? \_\_\_\_\_
- c. How many of the assemblies or devices from above were corrected and passed a retest? \_\_\_\_\_
- d. If b. and c. are different, please explain.

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**9. 2014 Backflow Assembly Test Summary**

	<b>If there were no tests done in your system check here:</b> <input type="checkbox"/> <b>No tests done in 2014 – small systems</b>	<b>RPs</b> Reduced Pressure Backflow Prevention Assemblies (RPBAs & RPDAs)	<b>DCs</b> Double Check Backflow Prevention Assemblies (DCVA & DCDA)	<b>PVBs</b> Pressure Vacuum Breaker Assemblies (PVBA & SVBA)	<b>AVBs</b> Atmospheric Vacuum Breakers
<b>1</b>	Total Number of Assemblies in Your System				
<b>2</b>	Final Total of Assemblies Passed ( <b>Initial &amp; Repaired</b> ) <b>This is always less than or equal to the number of assemblies</b>				
<b>3</b>	Number of Initial Failures of Assemblies				
<b>4</b>	Number of Failures Corrected (or Removed)				
<b>5</b>	Number of New Installations (Not Replaced Failures)				

**Additional Comments:**

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**10. REQUIRED SIGNATURE**

**I certify that 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 supplier.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Retain a copy of this form for your records.**

This 2013 ASR must be submitted to Oregon Health Authority's Drinking Water Program by March 31, 2015. (OAR 333-061-0070 (9)(c)) Send this report and any necessary additional information to:

J. Michael Perry  
Oregon Health Authority / Drinking Water Services  
Cross Connection/Backflow Prevention Program  
PO Box 14450

TABLE 48\* \*\*

PREMISES REQUIRING ISOLATION\* BY  
AN APPROVED AIR GAP  
OR  
REDUCED PRESSURE PRINCIPLE TYPE OF ASSEMBLY

**HEALTH HAZARD or HIGH HAZARD**

1.	Agricultural (e.g. farms, dairies)
2.	Beverage bottling plants**
3.	Car washes
4.	Chemical plants
5.	Commercial laundries and dry cleaners
6.	Premises where both reclaimed and potable water are used
7.	Film processing plants
8.	Food processing plants
9.	Medical centers (e.g., hospitals, medical clinics, nursing homes, veterinary clinics, dental clinics, blood plasma centers)
10.	Premises with irrigation systems that use the water supplier's water with chemical additions (e.g., parks, playgrounds, golf courses, cemeteries, housing estates)
11.	Laboratories
12.	Metal plating industries
13.	Mortuaries
14.	Petroleum processing or storage plants
15.	Piers and docks
16.	Radioactive material processing plants and nuclear reactors
17.	Wastewater lift stations and pumping stations
18.	Wastewater treatment plants
19.	Premises with piping under pressure for conveying liquids other than potable water and the piping is installed in proximity to potable water piping
20.	Premises with an auxiliary water supply that is connected to a potable water supply
21.	Premises where the water supplier is denied access or restricted access for survey
22.	Premises where the water is being treated by the addition of chemical or other additives

**KEEP THIS FOR YOUR RECORDS**

\* Refer to OAR 333-061-0070(8) Premise Isolation Requirements.

\*\* A Double Check Valve Backflow Prevention Assembly could be used if the water supplier determines there is only a non-health hazard at a beverage bottling plant.