

2014 ANNUAL SUMMARY REPORT
Cross Connection/Backflow Prevention
Water Systems with Less Than 300 Connections
Oregon Health Authority
Drinking Water Services



Your system has at least 15 connections and is required to fill out this Annual Summary Report every year. You may have few items to report. The person who is responsible for implementing the cross connection 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 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 less than 300 service connections **may** 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 Operators or Testers.**

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

4. Not used for small systems

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 it 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 Table 48 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. On the above master list, do you designate high hazards?
You could have a separate list of your customers that are "high hazard". | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Do you keep a current record of required yearly testing and take action on missing ones? | <input type="checkbox"/> | <input type="checkbox"/> |

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 device tests were done in 2014? _____
- b. How many assemblies or devices initially failed? _____
- c. How many of the initial device failures from above were corrected and passed a retest? _____
- d. If b. and c. are different, please explain.

9. 2014 Backflow Assembly Test Summary

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

Additional Comments:

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
Portland OR 97293

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.