PUBLIC HEALTH DIVISION
Center for Health Protection, Drinking Water Services

Oregon Health Authority

2018 ANNUAL SUMMARY REPORT (ASR)
CROSS CONNECTION & BACKFLOW PREVENTION

Please fill out the Annual Summary Report accurately and completely with **data from 2018**. Keep a completed copy for your records.

PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.

Return completed reports by **March 31, 2019**
Email: cross.connection@state.or.us, Fax: 971-673-0694
Mail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293

1. **Water System Name:** Riverbend Riverbank Water District **PWS ID# 41-** 00458

2. **What size is your water system?** ☒ Small (1-299 connections) ☐ Large (300+ connections)

3. **ASR Contact Information:** *(if there are questions about this report who should we contact?)*
   Name: Don Smethers
   Address: 461 Hebb Park Rd
   City: West Linn State: OR Zip: 97068
   Email: don@smethers.com Phone #: 503-349-2000

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: 81

   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. An **enabling authority** 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: www.healthoregon.org/crossconnection. If you have not submitted an enabling authority to the State, please complete one and submit it as soon as possible.

6. **Does your water system have an enabling authority?** ☒ Yes ☐ No (see note above)
7. **Was your enabling authority revised within the last year?**
   ☐ Yes, email a copy to the cross connection program cross.connection@state.or.us ☒ No

QUESTIONS 8 - 10 are for **LARGE SYSTEMS ONLY** (Large = 300+ Service Connections) and are specific to the required **written backflow prevention program plan** outlined in OAR 333-061-0070(9)(b)

8. **Certified Cross Connection Specialist Information:**
   ☐ Water system Employee ☐ Contracted service
   Name: _____ Cert #: _____
   Address: _____
   City: _____ State: _____ Zip: _____
   Email Address: _____
   Phone #: _____ Alt Phone #: _____

9. **Does your water system have a current written backflow prevention program plan?** ☐ Yes ☐ No

10. **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. ☐ Yes ☐ No

    b. Procedure for continually evaluating the degree of hazard posed by a water user's 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: ☐ Yes ☐ No
       i. inspections completed, ☐ Yes ☐ No
       ii. backflow prevention assembly test results on backflow prevention assemblies, ☐ Yes ☐ No
       iii. verification of current backflow assembly tester certification ☐ Yes ☐ No

    g. A public education program about cross connection control. ☐ Yes ☐ No

11. **Are there any backflow assemblies or devices installed in your water system?** ■ Yes ☐ No

12. Do you have any **Reduced Pressure Backflow Prevention Assemblies** (RP, RPBA, & RPDA) 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? 2
    b. How many assemblies were tested? 2
    c. How many assemblies passed their annual test? 2
    d. How many assemblies failed their annual test? 0

    Comments: _____

13. Do you have any **Double Check Backflow Prevention Assemblies** (DC, DCVA, & DCDA) 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? 38
b. How many assemblies were tested? 35
c. How many assemblies passed their annual test? 35
d. How many assemblies failed their annual test? 0
e. Comments: _____

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? 1
b. How many assemblies were tested? 1
c. How many assemblies passed their annual test? 1
d. How many assemblies failed their annual test? 0
e. Comments: _____

15. Do you track any **Atmospheric Vacuum Breakers (AVB)** installed in your water system? ■ Yes ☐ No

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.

Printed Name: Robert A Smethers **Title:** System Operator

Signature: Robert A Smethers **Date:** 1/14/2019

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