



Office of Drinking Water

## Public Water System Cross-Connection Control Activities Annual Summary Report for Year 2008

### Part 1: Public Water System (PWS) and Cross-Connection Control Specialist (CCS) Information

|  |                                      |                           |
|--|--------------------------------------|---------------------------|
| PWS ID: 38000  | PWS Name: KELSO, CITY OF             | County: COWLITZ           |
| Provide name and Cert No. of CCS who develops and implements your CCC program  |                                      |                           |
| CCS Name (last, first & mi): Yates, Garrett  |                                      | CCS Phone: (503) 255-1619 |
| CCS Cert No.: 9662   | BAT Cert. No. (if applicable): B4798 |                           |
| CCS is (check one):<br>PWS owner or employee <input type="checkbox"/> On contract to PWS <input checked="" type="checkbox"/> Volunteer or other <input type="checkbox"/> |                                      |                           |

### Part 2: Status of Cross-Connection Control (CCC) Program at end of 2008

|   |                                       |                            |  |
|---|---------------------------------------|----------------------------|--|
| PWS has (check one box in each column below): |                                       |                            |  |
| A written CCC program plan                    | Y <input checked="" type="checkbox"/> | N <input type="checkbox"/> | CCC implementation activities                                    |
|   | Y <input checked="" type="checkbox"/> | N <input type="checkbox"/> | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> |

B4798  
 (Written program may be a separate document, or part of water system plan or small water system management program).

Provide information regarding PWS's specific CCC Program Elements

| Program Element Number | Description of Element<br>[See WAC 246-290-490(3)] | This Program Element is Currently:  |   |
|------------------------|--|---|---|
|                        |  | Included in Written Program   | Being Implemented or Is Completed   |
| 1                      | Legal Authority Established                        | Y <input checked="" type="checkbox"/> N <input type="checkbox"/>                              | Y <input checked="" type="checkbox"/> N <input type="checkbox"/>                              |
| 2                      | Hazard Evaluation Procedures and Schedules         | Y <input checked="" type="checkbox"/> N <input type="checkbox"/>                              | Y <input checked="" type="checkbox"/> N <input type="checkbox"/>                              |
| 3                      | CCC Procedures and Schedules                       | Y <input checked="" type="checkbox"/> N <input type="checkbox"/>                              | Y <input checked="" type="checkbox"/> N <input type="checkbox"/>                              |
| 4                      | Certified CCS Provided                             | Y <input checked="" type="checkbox"/> N <input type="checkbox"/>                              | Y <input checked="" type="checkbox"/> N <input type="checkbox"/>                              |
| 5                      | Backflow Preventer Inspection and Testing          | Y <input checked="" type="checkbox"/> N <input type="checkbox"/>                              | Y <input checked="" type="checkbox"/> N <input type="checkbox"/>                              |
| 6                      | Testing Quality Control Assurance Program          | Y <input checked="" type="checkbox"/> N <input type="checkbox"/>                              | Y <input checked="" type="checkbox"/> N <input type="checkbox"/>                              |
| 7                      | Backflow Incident Response Procedures              | Y <input checked="" type="checkbox"/> N <input type="checkbox"/>                              | Y <input checked="" type="checkbox"/> N <input type="checkbox"/>                              |
| 8                      | Public Education Program                           | Y <input checked="" type="checkbox"/> N <input type="checkbox"/>                              | Y <input checked="" type="checkbox"/> N <input type="checkbox"/>                              |
| 9                      | CCC Records  | Y <input checked="" type="checkbox"/> N <input type="checkbox"/>                              | Y <input checked="" type="checkbox"/> N <input type="checkbox"/>                              |
| 10                     | Reclaimed Water Permit                             | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |

### Part 3A: System Characteristics at End of 2008

Indicate the number of connections of each type that the PWS serves (whether or not they are protected by backflow preventers). Estimate if necessary.

| Type of Service Connection  | Number      |
|---|-------------|
| Residential (As defined by PWS)   | 4216        |
| All Other<br>(Include dedicated fire sprinkler and irrigation lines and PWS-owned facilities such as water and wastewater treatment plants and pumping stations, parks, piers and docks.) | 467         |
| <b>Total Number of Connections</b>  | <b>4683</b> |

**Part 3B: Cross-Connection Control for High-Hazard Premises or Systems Served by the PWS**

If PWS does not serve any high-hazard premises or systems, check here  and go to Part 4.

- Complete all cells. Enter zero (0) in cells if PWS does not serve such premises.
- Estimate number of connections served if necessary (OK to use phone book).
- Hazard evaluations do not need to be done to complete this table.

| Type of High-Hazard Premises or Systems<br>[WAC 246-290-490(4)(b)]  | Number of Connections at end of 12/31/2008            |   |   |  |
|---|---|---|---|--|
|   | A.<br>Being<br>Served<br>Water<br>by PWS <sup>1</sup> | B.<br>With<br>Premises<br>Isolation<br>by AG/RP | C.<br>With<br>Column B<br>AG<br>Inspected<br>or<br>RP Tested <sup>2</sup> | D.<br>Granted<br>Exception<br>from<br>Mandatory<br>Premises<br>Isolation |
| Agricultural (farms and dairies)  | 0   | 0   | 0   | 0  |
| Beverage bottling plants (including breweries)  | 0   | 0   | 0   | 0  |
| Car washes  | 0   | 0   | 0   | 0  |
| Chemical plants   | 0   | 0   | 0   | 0  |
| Commercial laundries and dry cleaners   | 2   | 1   | 1   | 0  |
| Both reclaimed water and potable water provided   | 0   | 0   | 0   | 0  |
| Film processing facilities  | 0   | 0   | 0   | 0  |
| Dedicated fire protection systems with chemical addition or using unapproved auxiliary supplies             | 1   | 0   | 0   | 0  |
| Food processing plants (including canneries, slaughter houses, rendering plants)                            | 1   | 1   | 1   | 0  |
| Hospitals, medical centers, nursing homes, veterinary, medical and dental clinics, and blood plasma centers | 7   | 4   | 4   | 0  |
| Separate irrigation systems using purveyor's water supply and chemical addition <sup>4</sup>                | 0   | 0   | 0   | 0  |
| Laboratories  | 1   | 0   | 0   | 0  |
| Metal plating industries  | 0   | 0   | 0   | 0  |
| Petroleum processing or storage plants  | 0   | 0   | 0   | 0  |
| Piers and docks   | 0   | 0   | 0   | 0  |
| Radioactive material processing plants or nuclear reactors  | 0   | 0   | 0   | 0  |
| Survey access denied or restricted  | 0   | 0   | 0   | 0  |
| Wastewater lift/pump stations (non-residential only)  | 6   | 6   | 6   | 0  |
| Wastewater treatment plants   | 0   | 0   | 0   | 0  |
| Unapproved auxiliary water supply interconnected with potable water supply                                  | 0   | 0   | 0   | 0  |
|   | 0   | 0   | 0   | 0  |
| <b>Totals</b>   | 18  | 12  | 12  | 0  |

<sup>1</sup>Count multiple connections or parallel installations as *separate* connections.

<sup>2</sup>Count only those connections with AG or RPBA installed for premises isolation. Don't include connections with in-premises protection only, or connections with DCVA/DCDAs installed for premises isolation.

<sup>3</sup>Count only those connections whose premises isolation preventers were inspected (AG) or tested (RPBA) during #session.FormYear#.

<sup>4</sup>For example, dedicated lines to irrigation systems in parks, playgrounds, golf courses, cemeteries, estates, etc.

<sup>5</sup>Premises with hazardous materials or processes (requiring isolation by AG or RPBA) such as: aircraft and automotive manufacturers, pulp and paper mills, metal manufacturers, military bases, and wholesale customers that pose a high hazard to the PWS. May be grouped together in categories, e.g.: other manufacturing or other commercial. If needed, attach additional sheet giving same information as requested in table.

**Part 3C: Cross-Connection Control for Medical Category High-Hazard Premises Served by the PWS**

If PWS does not serve any medical type premises, check here  and go to Part 4.

- Complete all cells. Enter zero (0) in cells if PWS does not serve such premises.
- Estimate number of connections served if necessary (OK to use phone book).
- Hazard evaluations do not need to be done to complete this table.

| Type of High-Hazard Premises or Systems<br>[WAC 246-290-490(4)(b)]                          | Number of Connections at end of 12/31/2008            |   |   |  |
|---|---|---|---|--|
|   | A.<br>Being<br>Served<br>Water<br>by PWS <sup>1</sup> | B.<br>With<br>Premises<br>Isolation<br>by AG/RP | C.<br>With<br>Column B<br>AG<br>Inspected<br>or<br>RP Tested <sup>2</sup> | D.<br>Granted<br>Exception<br>from<br>Mandatory<br>Premises<br>Isolation |
| <b>Hospitals</b>  |   |   |   |  |
| Hospitals (include psychiatric hospitals and alcohol and drug treatment centers)            | 0   | 0   | 0   | 0  |
| <b>Facilities for Treatment and Care of Patients Not Located in Hospitals Counted Above</b> |   |   |   |  |
| Same day surgery centers  | 0   | 0   | 0   | 0  |
| Out-patient clinics and offices   | 0   | 0   | 0   | 0  |
| Alternative health out-patient clinics and offices  | 0   | 0   | 0   | 0  |
| Psychiatric out-patient clinics and offices   | 0   | 0   | 0   | 0  |
| Chiropractors   | 1   | 0   | 0   | 0  |
| Hospice care centers  | 0   | 0   | 0   | 0  |
| Childbirth centers  | 0   | 0   | 0   | 0  |
| Kidney dialysis centers   | 0   | 0   | 0   | 0  |
| Blood centers   | 0   | 0   | 0   | 0  |
| Dental clinics and offices  | 3   | 2   | 2   | 0  |
| <b>Facilities for Housing Patients</b>  |   |   |   |  |
| Nursing homes   | 0   | 0   | 0   | 0  |
| Boarding homes  | 0   | 0   | 0   | 0  |
| Residential treatment centers   | 0   | 0   | 0   | 0  |
| <b>Other Medical-Related Facilities</b>   |   |   |   |  |
| Mortuaries  | 1   | 1   | 1   | 0  |
| Morgues and autopsy facilities (not in hospitals)   | 0   | 0   | 0   | 0  |
| Veterinarian offices, clinics and hospitals   | 2   | 1   | 1   | 0  |
| All other (describe in Part 6: Comments on page 6)  | 0   | 0   | 0   | 0  |
| <b>Totals</b>   | <b>7</b>  | <b>4</b>  | <b>4</b>  | <b>0</b>   |

<sup>1</sup>Count multiple connections or parallel installations as *separate* connections.

<sup>2</sup>Count only those connections with AG or RPBA installed for premises isolation. Don't include connections with in-premises protection only, or connections with DCVA/DCDAs installed for premises isolation.

<sup>3</sup>Count only those connections whose premises isolation preventers were inspected (AG) or tested (RPBA) during 2008.

**Part 4: Backflow Preventer Inventory and Testing Data During Year 2008**

- Complete all cells. Enter zero (0) if there are no backflow preventers in that category.
- Count only the backflow preventers that the PWS relies upon for protection of the distribution system. If your records do not distinguish between premises isolation and in-premises protection preventers, enter all data in Premises Isolation section and check the box.
- Count AVBs on irrigation systems only. **If you do not track AVBs, enter "UNK"**.
- Count multiple tests or failures for any particular backflow preventer as one test or failure for that backflow preventer.
- Multiple Service or Parallel Connections: Count each assembly separately.
- Assemblies on Dedicated Fire or Irrigation Lines: Count as Premises Isolation Assemblies.

If PWS does not track AVBs Check here:

| Backflow Preventer Category and Testing/Inspection Information  |  | Air Gap | RPBA | RPDA | DCVA | DCDA | PVBA | SVBA | AVB |
|---|--|---------|------|------|------|------|------|------|-----|
| Premises Isolation, including preventers isolating PWS-owned facilities. <i>If In-Premises Protection preventers are also included, check here.</i> <input checked="" type="checkbox"/> |  |         |      |      |      |      |      |      |     |
| <i>Rows 1-3 pertain ONLY to Premises Isolation preventers in service at beginning of 2008</i>   |  |         |      |      |      |      |      |      |     |
| 1   | In service on 1/1/2008                               | 0       | 68   | 0    | 68   | 31   | 1    | 0    | unk |
| 2   | Inspected and/or Tested in 2008 <sup>1</sup>         | 0       | 60   | 0    | 66   | 31   | 1    | 0    | unk |
| 3   | Failed Inspection or Test in 2008                    | 0       | 4    | 0    | 2    | 0    | 1    | 0    | unk |
| <i>Rows 4 - 6 pertain ONLY to NEW Premises Isolation preventers installed during 2008</i>   |  |         |      |      |      |      |      |      |     |
| 4   | New preventers installed in 2008 <sup>2</sup>        | 0       | 1    | 0    | 0    | 0    | 0    | 0    | unk |
| 5   | Inspected and/or Tested in 2008 <sup>1</sup>         | 0       | 1    | 0    | 0    | 0    | 0    | 0    | unk |
| 6   | Failed inspection or test in 2008 <sup>3</sup>       | 0       | 0    | 0    | 0    | 0    | 0    | 0    | unk |
| 7   | Preventers taken out of service in 2008 <sup>3</sup> | 0       | 0    | 0    | 0    | 0    | 0    | 0    | 0   |
| <i>Premises Isolation Total at end of 2008<sup>4</sup></i>  |  | 0       | 69   | 0    | 68   | 31   | 1    | 0    | unk |
| In-Premises Protection (Fixture Protection or Area Isolation), including preventers within PWS-owned facilities.  |  |         |      |      |      |      |      |      |     |
| <i>Rows 8 - 10 pertain ONLY to In-Premises Protection Preventers in service at beginning of 2008</i>  |  |         |      |      |      |      |      |      |     |
| 8   | In service on 1/1/2008                               | 0       | 0    | 0    | 3    | 0    | 0    | 0    | unk |
| 9   | Inspected and/or Tested in 2008 <sup>1</sup>         | 0       | 0    | 0    | 3    | 0    | 0    | 0    | unk |
| 10  | Failed Inspection or Test in 2008                    | 0       | 0    | 0    | 0    | 0    | 0    | 0    | unk |
| <i>Rows 11 - 13 pertain ONLY to NEW In-Premises Protection Preventers installed during 2008</i>   |  |         |      |      |      |      |      |      |     |
| 11  | New preventers installed in 2008 <sup>2</sup>        | 0       | 0    | 0    | 0    | 0    | 0    | 0    | unk |
| 12  | Inspected and/or Tested in 2008 <sup>1</sup>         | 0       | 0    | 0    | 0    | 0    | 0    | 0    | unk |
| 13  | Failed inspection or test in 2008                    | 0       | 0    | 0    | 0    | 0    | 0    | 0    | unk |
| 14  | Preventers taken out of service in 2008 <sup>3</sup> | 0       | 0    | 0    | 0    | 0    | 0    | 0    | 0   |
| <i>In-Premises Protection Total at end of 2008<sup>4</sup></i>  |  | 0       | 0    | 0    | 3    | 0    | 0    | 0    | unk |
| <b>Grand Total at end of 2008</b>   |  | 0       | 69   | 0    | 71   | 31   | 1    | 0    | unk |

<sup>1</sup>Initial and/or routine annual inspection (for proper installation and approval status) and/or test (for testable assemblies only using DOH/USC test procedures).Includes preventers installed on connections where backflow prevention was not previously required and any preventers that replaced those in service at beginning of 2008. Replacement preventers may be of a different type than the original.

<sup>2</sup>Includes preventers installed on connections where backflow prevention was not previously required and any preventers that replaced those in service at the beginning of 2008. Replacement preventers may be of a different type than the original.

<sup>3</sup>New or existing preventers taken out of service, whether or not they were replaced by the same type or different type of preventer.

<sup>4</sup>Total at end of 2008 should be equal to the number of preventers in service at beginning of 2008 plus those installed during 2008 minus the number of preventers taken out of service during 2008.

**Part 4B: Other Implementation Activities in 2008**

Complete all cells. Enter zero (0) if not applicable.

| Activity or Condition  | Number |
|--|--------|
| New service connections evaluated for cross-connection hazards to PWS in 2008.             | 0      |
| New service connections requiring backflow protection to protect PWS. <sup>1</sup>         | 0      |
| Existing service connections evaluated for cross-connection hazards to PWS in 2008.        | 0      |
| Existing service connections requiring backflow protection to protect PWS. <sup>1,2</sup>  | 0      |
| Exceptions granted to high-hazard premises per WAC 246-290-490(4)(b) in 2008. <sup>3</sup> | 0      |
| CCC enforcement actions taken by PWS during 2008. <sup>4</sup>                             | 0      |

<sup>1</sup>Include services where either premises isolation or in-premises preventers were required to protect the PWS.<sup>2</sup>Include existing services that need new, additional or higher level backflow prevention.<sup>3</sup>A DOH Exceptions to Hazard Premises Form *must* be attached for each exception granted during the year.<sup>4</sup>"Enforcement actions" mean actions taken by the PWS (such as water shut-off, PWS installation of backflow preventer) when the customer fails to comply with PWS's CCC requirements.**Part 5: Backflow Incidents and "Off-Normal" Events in 2008**

| Backflow Incidents, Risk Factors and Indicators during 2008  | Number<br>(Enter 0 if none) | Check if Data Not Available |
|--|-----------------------------|-----------------------------|
| <b>Backflow Incidents during 2008</b>  |                             |                             |
| 1 Backflow incidents that contaminated the PWS <sup>5</sup> .  | 0                           | <input type="checkbox"/>    |
| 2 Backflow incidents that contaminated the customer's drinking water system <i>only</i> <sup>5</sup> . | 0                           | <input type="checkbox"/>    |
| <b>Risk Factors for Backflow during 2008</b>   |                             |                             |
| 3 Distribution main breaks per 100 miles of pipe.  | 11.00                       | <input type="checkbox"/>    |
| 4 Low pressure events (<20 psi in PWS distribution system).  | 0                           | <input type="checkbox"/>    |
| 5 Water outage events.   | 0                           | <input type="checkbox"/>    |
| <b>Indicators of Possible Backflow during 2008</b>   |                             |                             |
| 6 Total health-related complaints received by PWS. <sup>6</sup>  | 0                           | <input type="checkbox"/>    |
| 7 Received during BWA or PN events. <sup>7</sup>   | 0                           | <input type="checkbox"/>    |
| 8 Received during low pressure or water outage events.   | 0                           | <input type="checkbox"/>    |
| 9 Total aesthetic complaints (color, taste, odor, air in lines, etc.).                                 | 1                           | <input type="checkbox"/>    |
| 10 Received during BWA or PN events. <sup>7</sup>  | 0                           | <input type="checkbox"/>    |
| 11 Number of these complaints received during low pressure or water outages events.                    | 0                           | <input type="checkbox"/>    |

<sup>5</sup>Complete and submit a Backflow Incident Report form for each known backflow incident.<sup>6</sup>Such as stomach ache, headache, vomiting, diarrhea, skin rashes, etc.<sup>7</sup>"BWA" means *Boil Water Advisory* and "PN" means *Public Notification* for water quality reasons.

**Part 6: Comments and Clarifications**

Enter comments or clarifications to any of the information included in this report. Note for on-screen completion: Comments will not "word wrap" from one line to the next. Press to continue on new line. Maximum length of each comment is 255 characters, including spaces.

| Part No. | Date Added | Comment   |
|----------|------------|---|
| Pt 3B    | 4/9/07     | The City is in the process of requiring all table 9 facilities to comply with the mandatory premises isolation requirement. Backflow Management has began assisting the City with the management of their CCC program in the last quarter of 2006. and is in the process of updating assembly inventory information. etc. |

**Part 7: Report Completion Information**

|   |                                |                                    |
|---|--------------------------------|------------------------------------|
| I certify that the information provided in this CCC Activities Report is complete and accurate to the best of my knowledge. |                                |                                    |
| CCC Program Mgr. Name <sup>1</sup> : Garrett Yates  |                                | Title: Cross Connection Specialist |
| Signature:  |                                | Date: 04/16/2009                   |
| Phone: (503) 255-1619   | E-mail: gyates@bmbbackflow.com |                                    |
| I have reviewed this report and certify that the information provided is complete and accurate to the best of my knowledge. |                                |                                    |
| PWS Mgr./Owner Name <sup>2</sup> : DAVID M. SYPHER  |                                | Title: PUBLIC WORKS DIRECTOR       |
| Signature:  | Op. Cert. No.:                 | Date: 04/16/2009                   |

<sup>1</sup> CCC Program Manager is generally the CCS who is responsible for development and implementation of the PWS's CCC Program.

<sup>2</sup> The person that the CCC Program Manager reports to or other manager having direct responsibility and/or oversight of the CCC program.

