

2025 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

Please fill out the Annual Summary Report accurately and completely with **data from 2025**. Keep a completed copy for your records.

PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.

Submit completed reports by March 31, 2026

Email: cross.connection@odhsoha.oregon.gov, Fax: 971-673-0694

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

1. **Water System Name:** _____ **PWS ID# 41-** _____

2. **What size is your water system?**

Small (1-299 connections) Large (300+ connections)

3. **ASR Contact Information:** (if there are questions about the ASR who should we contact?)

Name: _____

Email: _____ Phone #: _____

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: _____

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. **Does your water system have an enabling authority?** Yes No (see note above)

6. **Was your enabling authority revised within the last year?**

Yes, email a copy to cross.connection@odhsoha.oregon.gov 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)

7. Certified Cross Connection Specialist Information:

Water system Employee Contracted service

Name: _____ Cert #: _____

Email Address: _____ Phone #: _____

8. Does your WS have a current written backflow prevention program plan? Yes No

9. 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 46 (High Hazard Table). 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, inspections completed, test results, and verification of current backflow assembly tester certification. Yes No
- g. A public education program about cross connection control. Yes No

10. 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? _____
- b. How many assemblies were tested? _____
- c. How many assemblies passed their annual test? _____
- d. How many assemblies failed their annual test? _____

Comments: _____

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

12. 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: _____

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: _____ **Title:** _____

Signature: _____ **Date:** _____

Return completed reports by March 31, 2026.

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

Questions? cross.connection@odhsoha.oregon.gov or 971-673-0321

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