

2024 ANNUAL SUMMARY REPORT
CROSS CONNECTION & BACKFLOW PREVENTIONRECEIVED
JAN 24 2024
Certification Drinking Water Services

Please fill out the Annual Summary Report accurately and completely with **data from 2024**. Keep a completed copy for your records.

PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.

Submit completed reports by March 31, 2025

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:** Pioneer Mobile Home Park PWS ID# 41-00147
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: Francisco Reyes
Email: Francisco@taggranch.com Phone #: (971) 212-8575
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: 107
 - b. Do you have any high hazard connections in your water system?
☐ Yes ☒ No How many: 0
 - c. Do you have any other types of connections not listed above?
☐ Yes ☒ No How many: 0
- Comments: Pioneer Mobile home has No cross connections
we do have 4 Double check Backflow prevention Assemblies.
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 42 (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?

4

b. How many assemblies were tested?

4

c. How many assemblies passed their annual test?

4

d. How many assemblies failed their annual test?

0

e. Comments: All of our Devices get tested Annually

All Devices last test was 1/21/25 All pass

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?

0

b. How many assemblies were tested?

0

c. How many assemblies passed their annual test?

0

d. How many assemblies failed their annual test?

0

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: Francisco J Reyes

Title: DRC

Signature: Francisco Reyes

Date: 02/18/25

Return completed reports by March 31, 2025.

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

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

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

To get Cross Connection notifications, go to www.healthoregon.org/crossconnection and click on the '**Sign Up for Cross Connection News**'

AQUA-TECH BACKFLOW SERVICES

3439 NE Sandy Blvd #836 • Portland, OR 97232

(503) 251-1683

BACKFLOW ASSEMBLY TEST REPORT

☐ NEW
☒ EXISTING
☐ REMOVED
☐ REPLACEMENT

PROPERTY OWNER: PLUMMER MOBILE HOME PARK PHONE: _____
 MAILING ADDRESS: 14 10025 SE 362ND AVE
 CITY: CLATSOP STATE: OR ZIP: 97009

ASSEMBLY ADDRESS: _____ STREET _____

☐ R.P.B.A. ☒ D.C.V.A. ☐ R.P.D.A. ☐ D.C.D.A. ☐ P.V.B.A. ☐ S.V.B.A. ☐ A.V.B. ☐ AIR GAP

SIZE: 1/2" (F) MAKE: WATTS MODEL: LEADTM30K

WATER PURVEYOR: CLATSOP WELL SERIAL NUMBER: 141687

ASSEMBLY LOCATION: By yard number 2-1-1011

INITIAL TEST RESULTS	REDUCED PRESSURE ASSEMBLY		P.V.B.A. / S.V.B.A.		INITIAL TEST PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/>
	#1 CHECK PRESS DROP (A)	DOUBLE CHECK CHECK #1	AIR INLET	CHECK	
RELIEF VALVE OPENED AT MIN 2 PSID	(B) TIGHT <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/> PSID	OPENED AT: PSID	PRESS DROP PSID	DATE: <u>1/21/25</u>	
BUFFER A-B = MIN 3 PSI	CHECK #2 TIGHT <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/> PSID	DID NOT OPEN <input type="checkbox"/>	FAILED <input type="checkbox"/>	SYSTEM PSI _____	
RELIEF VALVE PASS <input type="checkbox"/> FAIL <input type="checkbox"/>					

COMMENTS REPAIRS AND/OR PARTS

TEST AFTER REPAIRS	REDUCED PRESSURE ASSEMBLY		P.V.B.A./S.V.B.A.		AFTER REPAIRS DATE: <u>1/1</u>
	#1 CHECK PRESS DROP (A)	D.C.V.A. CHECK #1	OPENED AT	PRESS DROP	
RELIEF VALVE OPENED (B)	TIGHT <input type="checkbox"/> PSID	PSID	PSID	PSID	
BUFFER A-B = MIN 3 PSI	CHECK #2 TIGHT <input type="checkbox"/> PSID	PSID	PSID	PASSED <input type="checkbox"/>	

IN COMPLETING AND SUBMITTING THIS TEST REPORT, THE TESTER CERTIFIES THAT THE ASSEMBLY HAS BEEN TESTED AND MAINTAINED IN ACCORDANCE WITH ALL APPLICABLE RULES AND REGULATIONS OF THE WATER SYSTEM, AND STATE REGULATIONS.

GAUGE CALIBRATION DATE: 12/14/24 DETECTOR METER READING: 0.90434

TESTER SIGNATURE: [Signature] 0170020

TESTERS NAME PRINTED: DAVID

TESTERS ADDRESS: 251-1683

COMPANY NAME: AQUA-TECH BACKFLOW SERVICES

REPORT RECEIVED BY: _____ (REPRESENTATIVE OF OWNER)

☒ SERVICE RESTORED

WHITE - Water System Copy PINK - Customer Copy YELLOW - Tester Copy

AQUA-TECH BACKFLOW SERVICES

3439 NE Sandy Blvd #836 • Portland, OR 97232

(503) 251-1683

BACKFLOW ASSEMBLY TEST REPORT

- ☐ NEW
☒ EXISTING
☐ REMOVED
☐ REPLACEMENT

PROPERTY OWNER: Private Mobile Home Park PHONE: _____

MAILING ADDRESS: 10025 SE 302nd Ave

CITY Beaverton STATE OR ZIP 97009

ASSEMBLY ADDRESS: _____

☐ R.P.B.A. ☒ D.C.V.A. ☐ R.P.D.A. ☐ D.C.D.A. ☐ P.V.B.A. ☐ S.V.B.A. ☐ A.V.B. ☐ AIR GAP

SIZE: 10.75 MAKE: WATTS MODEL: 1007M30

WATER PURVEYOR: Private Well SERIAL NUMBER: 100088

ASSEMBLY LOCATION: A-5 2000 160 (New) 160, 1000

INITIAL TEST RESULTS	REDUCED PRESSURE ASSEMBLY		P.V.B.A. / S.V.B.A.		INITIAL TEST PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/>
	#1 CHECK PRESS DROP (A)	DOUBLE CHECK CHECK #1 (B)	AIR INLET	CHECK	
RELIEF VALVE OPENED AT MIN 3 PSI	TIGHT <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/>	OPENED AT: _____	PRESS DROP _____	DATE: <u>1/21/75</u>	
BUFFER A-B = MIN 3 PSI	CHECK #2 TIGHT <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/>	PSID _____	PSID _____	SYSTEM PSI _____	
RELIEF VALVE PASS <input type="checkbox"/> FAIL <input type="checkbox"/>		DID NOT OPEN <input type="checkbox"/>	FAILED <input type="checkbox"/>		

COMMENTS REPAIRS AND/OR PARTS

TEST AFTER REPAIRS	REDUCED PRESSURE ASSEMBLY		P.V.B.A./S.V.B.A.		AFTER REPAIRS DATE: <u>1/1</u>
	#1 CHECK PRESS DROP (A)	DOUBLE CHECK CHECK #1 (B)	OPENED AT	PRESS DROP	
RELIEF VALVE OPENED AT MIN 3 PSI	TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/>	PSID _____	PSID _____	PASSED <input type="checkbox"/>	
BUFFER A-B = MIN 3 PSI	CHECK #2 TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/>	PSID _____	PSID _____		

IN COMPLETING AND SUBMITTING THIS TEST REPORT, THE TESTER CERTIFIES THAT THE ASSEMBLY HAS BEEN TESTED AND MAINTAINED IN ACCORDANCE WITH ALL APPLICABLE RULES AND REGULATIONS OF THE WATER SYSTEM, AND STATE REGULATIONS.

GAUGE CALIBRATION DATE 12/4/74 DETECTOR METER READING 0.10434

TESTER SIGNATURE George Conzalez CERT. # 01700310

TESTERS NAME PRINTED George Conzalez

TESTERS ADDRESS AQUA-TECH BACKFLOW SERVICES

COMPANY NAME AQUA-TECH BACKFLOW SERVICES

REPORT RECEIVED BY: _____ (REPRESENTATIVE OF OWNER) ☒ SERVICE RESTORED

WHITE - Water System Copy

PINK - Customer Copy

YELLOW - Tester Copy

AQUA-TECH BACKFLOW SERVICES

3439 NE Sandy Blvd #836 • Portland, OR 97232

(503) 251-1683

BACKFLOW ASSEMBLY TEST REPORT

- ☐ NEW
☒ EXISTING
☐ REMOVED
☐ REPLACEMENT

PROPERTY OWNER: PIONEER MOBILE HOME PARK PHONE: _____

MAILING ADDRESS: 10625 SE 4th Ave

CITY SEASIDE STATE OR ZIP 97138

ASSEMBLY ADDRESS: _____ STREET _____

☐ R.P.B.A. ☐ D.C.V.A. ☐ R.P.D.A. ☐ D.C.D.A. ☐ P.V.B.A. ☐ S.V.B.A. ☐ A.V.B. ☐ AIR GAP

SIZE: 1/2" x 1/2" MAKE: WATTS MODEL: 1507M364

WATER PURVEYOR: CLATSOP CO SERIAL NUMBER: 141089

ASSEMBLY LOCATION: C 33 BEACH PARK HYDRA-MAT

INITIAL TEST RESULTS	REDUCED PRESSURE ASSEMBLY		P.V.B.A. / S.V.B.A.		INITIAL TEST PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/> DATE: <u>1/24/25</u> SYSTEM PSI: _____
	#1 CHECK PRESS DROP (A) RELIEF VALVE OPENED AT MIN 2 PSID BUFFER A - B = MIN 3 PSI	DOUBLE CHECK CHECK #1 TIGHT <input checked="" type="checkbox"/> PSID LEAKED <input type="checkbox"/> CHECK #2 TIGHT <input checked="" type="checkbox"/> PSID LEAKED <input type="checkbox"/>	AIR INLET OPENED AT: _____ PSID DID NOT OPEN <input type="checkbox"/>	CHECK PRESS DROP _____ PSID FAILED <input type="checkbox"/>	

COMMENTS REPAIRS AND/OR PARTS

TEST AFTER REPAIRS	REDUCED PRESSURE ASSEMBLY		P.V.B.A./S.V.B.A.		AFTER REPAIRS DATE: <u>1/1</u> PASSED <input type="checkbox"/>
	#1 CHECK PRESS DROP (A) RELIEF VALVE OPENED BUFFER A - B =	D.C.V.A. CHECK #1 TIGHT <input type="checkbox"/> PSID CHECK #2 TIGHT <input type="checkbox"/> PSID	OPENED AT _____ PSID	PRESS DROP _____ PSID	

IN COMPLETING AND SUBMITTING THIS TEST REPORT, THE TESTER CERTIFIES THAT THE ASSEMBLY HAS BEEN TESTED AND MAINTAINED IN ACCORDANCE WITH ALL APPLICABLE RULES AND REGULATIONS OF THE WATER SYSTEM, AND STATE REGULATIONS.

GAUGE CALIBRATION DATE: 2/14/24 DETECTOR METER READING: _____

TESTER SIGNATURE: [Signature] CERT # 090034

TESTERS NAME PRINTED: GERARD CANALIZ CALIB # 0120030

TESTERS ADDRESS: AQUA-TECH BACKFLOW SERVICES PHONE # 251-1683

COMPANY NAME: _____

REPORT RECEIVED BY _____ (REPRESENTATIVE OF OWNER) ☒ SERVICE RESTORED

WHITE - Water System Copy

PINK - Customer Copy

YELLOW - Tester Copy

AQUA-TECH BACKFLOW SERVICES

3439 NE Sandy Blvd #836 • Portland, OR 97232

(503) 251-1683

BACKFLOW ASSEMBLY TEST REPORT

☐ NEW
☒ EXISTING
☐ REMOVED
☐ REPLACEMENT

PROPERTY OWNER: Proville Marine Home Park PHONE: _____

MAILING ADDRESS: 10675 SE 342nd Ave

CITY Bellevue STATE OR ZIP 97009

ASSEMBLY ADDRESS: _____ STREET _____

☐ R.P.B.A. ☒ D.C.V.A. ☐ R.P.D.A. ☐ D.C.D.A. ☐ P.V.B.A. ☐ S.V.B.A. ☐ A.V.B. ☐ AIR GAP

SIZE: 1/2" / 1/2" MAKE: WATTS MODEL: Pro 7m 30T

WATER PURVEYOR: PRIVATE WWT SERIAL NUMBER: 160074

ASSEMBLY LOCATION: Pump House

INITIAL TEST RESULTS	REDUCED PRESSURE ASSEMBLY		P.V.B.A. / S.V.B.A.		INITIAL TEST PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/>
	#1 CHECK PRESS DROP (A)	DOUBLE CHECK CHECK #1	AIR INLET	CHECK	
RELIEF VALVE OPENED AT MIN 2 PSID (B)	TIGHT <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/>	OPENED AT: PSID	PRESS DROP	DATE: <u>11/21/25</u>	
BUFFER A - B = MIN 3 PSI	CHECK #2 TIGHT <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>	FAILED <input type="checkbox"/>	SYSTEM PSI _____	
RELIEF VALVE PASS <input type="checkbox"/> FAIL <input type="checkbox"/>					

COMMENTS REPAIRS AND/OR PARTS

TEST AFTER REPAIRS	REDUCED PRESSURE ASSEMBLY		P.V.B.A./S.V.B.A.		AFTER REPAIRS DATE: <u>1/1</u>
	#1 CHECK PRESS DROP (A)	D.C.V.A. CHECK #1	OPENED AT	PRESS DROP	
RELIEF VALVE OPENED (B)	TIGHT <input type="checkbox"/> PSID				
BUFFER A - B = MIN 3 PSI	CHECK #2 TIGHT <input type="checkbox"/> PSID			PASSED <input type="checkbox"/>	

IN COMPLETING AND SUBMITTING THIS TEST REPORT, THE TESTER CERTIFIES THAT THE ASSEMBLY HAS BEEN TESTED AND MAINTAINED IN ACCORDANCE WITH ALL APPLICABLE RULES AND REGULATIONS OF THE WATER SYSTEM, AND STATE REGULATIONS.

GAUGE CALIBRATION DATE: 2/15/24 DETECTOR METER READING

TESTER SIGNATURE CHRISTINE CONTRA

TESTERS NAME PRINTED

TESTERS ADDRESS AQUA-TECH BACKFLOW SERVICES

COMPANY NAME

REPORT RECEIVED BY: _____ (REPRESENTATIVE OF OWNER)

☒ SERVICE RESTORED

WHITE - Water System Copy

PINK - Customer Copy

YELLOW - Tester Copy

0910434
0120030
 GAUGE #
 251-1683
 PHONE #