

~~2024~~  
**2025 ANNUAL SUMMARY REPORT**  
**CROSS CONNECTION & BACKFLOW PREVENTION**

Received  
Dec 7 2025  
Cross Connection

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](mailto: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](mailto: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, 2025.**

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**Questions?** [cross.connection@odhsoha.oregon.gov](mailto:cross.connection@odhsoha.oregon.gov) or 971-673-0321

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