

Public Health Division

Drinking Water Services

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

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:** Pickreall Community Water Association PWS ID# 41-00704
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: Sarah Smith
Email: Sarah.pickreallwater@gmail.com Phone #: 503-623-2016
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: 480
 - b. Do you have any high hazard connections in your water system?
☒ Yes ☐ No How many: 9
 - c. Do you have any other types of connections not listed above?
☒ Yes ☐ No How many: 66Comments: "C" all business that are not high-hazard.
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: Jason Green

Cert #: 2171

Email Address: jgreen@oawu.net

Phone #: 503-837-1212

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? 235
- b. How many assemblies were tested? 235
- c. How many assemblies passed their annual test? 232
- d. How many assemblies failed their annual test? 3
- e. Comments: Failed devices are in the process of being replaced.

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: Sarah Smith Title: Office Manager

Signature:  Date: 7/28/25

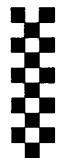
Return completed reports by March 31, 2025.

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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**'

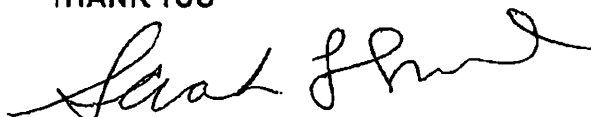


Rickreall Community
Water Association

FAX

TO:	971-673-0694	DATE:	7-28-25
FAX:	503-623-4671		4 pages
PHONE:	503-623-2016		
SUBJECT:	2024 Annual Summary report		
COMMENTS:	Cross Connection ? Backflow Prevention		

THANK YOU



Sarah Smith

RCWA

(O) 503-623-2016

(F) 503-623-4671

sarahrickreallwater@gmail.com