



**2022 ANNUAL SUMMARY REPORT  
CROSS CONNECTION & BACKFLOW PREVENTION**

Received  
July 16 2025  
Cross Connection

Please fill out the Annual Summary Report accurately and completely with **data from 2022**. Keep a completed copy for your records.

**PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.**

Return completed reports by **March 31, 2023**

Email: [cross.connection@dhsosha.state.or.us](mailto:cross.connection@dhsosha.state.or.us), Fax: 971-673-0694

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

1. **Water System Name:** South Fork Forest Camp **PWS ID#** 41-01054
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: John Brown  
Email: john.e.brown@doc.oregon.gov Phone #: 503-815-6122
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. An **enabling authority** is required for all community water systems. The enabling authority allows for a water system to discontinue service for various reasons. A sample enabling authority is available for small water systems on our website: [www.healthoregon.org/crossconnection](http://www.healthoregon.org/crossconnection). If you have not submitted an enabling authority to the State, please complete one and submit it as soon as possible.
6. **Does your water system have an enabling authority?** ☒ Yes ☐ No (see note above)
7. **Was your enabling authority revised within the last year?**  
☐ Yes, email a copy to the Cross Connection program [cross.connection@state.or.us](mailto:cross.connection@state.or.us) ☒ 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)

**8. Certified Cross Connection Specialist Information:**

☐ Water system Employee      ☐ Contracted service

Name: \_\_\_\_\_ Cert #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

**9. Does your water system have a current written backflow prevention program plan?**      ☐ Yes ☐ No

**10. 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.      ☐ 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:      ☐ Yes ☐ No  
i. inspections completed,      ☐ Yes ☐ No  
ii. backflow prevention assembly test results on backflow prevention assemblies,      ☐ Yes ☐ No  
iii. verification of current backflow assembly tester certification      ☐ Yes ☐ No

g. A public education program about cross connection control.      ☐ Yes ☐ No

**11. Are there any backflow assemblies or devices installed in your water system?**      ☒ Yes ☐ No

**12. 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

a. How many assemblies are installed in your water system?	5
b. How many assemblies were tested?	3
c. How many assemblies passed their annual test?	3
d. How many assemblies failed their annual test?	_____
e. Comments:	_____

☐ Yes ☐ No (if you answered yes, answer the questions below)

a. How many assemblies are installed in your water system? 1

b. How many assemblies were tested? 1

c. How many assemblies passed their annual test? 1

d. How many assemblies failed their annual test? \_\_\_\_\_

e. Comments: \_\_\_\_\_

**Printed Name:** John Brown **Title:** Maintenance

Signature: *M. Brown* Date: 7/16/2025

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## 💧 Drinking Water Updates 💧

To get Cross Connection notifications, go to [www.healthoregon.org/crossconnection](http://www.healthoregon.org/crossconnection) and click on the **‘Subscribe to Email Alerts’**