Public Health Division

Drinking Water Services

OREGON HEALTH AUTHORITY

RECEIVED
MAR 30 2026
Certification Drinking Water Services

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:** Hall's Trailer Court **PWS ID# 41-**01123

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: Carol Hall
   Email: chall@bmi.net Phone #: 541-276-1563

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: 20

   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 7 -9 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: Carol Hall **Title:** owner- operator

Signature: Carol L. Hall **Date:** 3-26-2026

Return completed reports by March 31, 2026.

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

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