Drinking Water Services



2024 ANNUAL SUMMARY REPORT CROSS CONNECTION & BACKFLOW PREVENTION

Received
Jan 22 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, Fax: 971-673-0694 Mail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293 1. Water System Name: Lake Creek ranch MHC PWS ID# 41-01429 2. What size is your water system? 3. ASR Contact Information: (if there are questions about the ASR who should we contact?) Name: Joseph DeOlus Email: lakecreekranchmhp@outlook.com Phone #: 541-928-1433 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: 109 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? No (see note above)

■ No

6. Was your enabling authority revised within the last year?

Yes, email a copy to cross.connection@odhsoha.oregon.gov

| QU | JESTIONS 8 - 10 are for LARGE SYSTEMS ONLY (Large = 300+ Service Connec | tions) and are |
|-----|--|----------------|
| spe | ecific to the required <u>written backflow prevention program plan</u> outlined in <u>OAR</u> | 333-061- |
| 00 | 70(9)(b) | |
| 7. | Certified Cross Connection Specialist Information: Water system Employee Contracted service | |
| | Name: Buckmasters Cert #: 7 | 42673 |
| | Email Address: Phone # | 42673 |
| 8. | Does your WS have a current written backflow prevention program plan? | ☐ Yes ☐ No |
| 9. | Does the <u>backflow prevention plan</u> 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, RF RPDA) installed in your water system? ☐Yes ☐No (if you answered yes, answer the questions below) | PBA, & |
| | 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? | |
| Со | mments: | |
| | | |

| 11. Do you have any Double Check Backflow Prevention Assemblie | s (DC, DCVA, & DCDA) |
|--|-------------------------|
| installed in your water system? Yes \(\subseteq No \) (if you answered yes, answered | er the questions below) |
| a. How many assemblies are installed in your water system? | 3 |
| b. How many assemblies were tested? | 3 |
| c. How many assemblies passed their annual test? | 3 |
| d. How many assemblies failed their annual test? | 0 |
| e. Comments: | |
| 12. Do you have any Pressure Vacuum Breaker Assemblies (PVB, Fin 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: | PVBA, & SVBA) installed |
| I certify the information provided is true to the best of my known information may result in penalties to the individual and to the w | ater system. |
| Printed Name: Joseph DeOlus | Title:Maint |
| Signature: Delly | Date: 01/20/2025 |

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'

| CKFLOV EVENTER R | V REPORT | EXISTING REMOV | ED NEW REPA | IRED REPLACED | OLD S/N |
|---------------------------|--|--|---------------------------|----------------------|--|
| OPERTY NA | ME O V C | COOK KA | OF HILLIAM | PHONE | Street Street |
| NTACT NA | ME TYNE | | | | -140-7252 |
| ILING ADI | DRESS STATE \$ | win La | S. C.C. | <u> </u> | Daniel Carle |
| | y * rat | | | ZIP | |
| EVENTER A | ADDRESS | · · · · · · · · · · · · · · · · · · · | | - Singer | 6 6 7 N |
| ATER SUPP | LIER <u>Teather</u> | | | SERIAL 1 | |
| CATION [| M OFFICE ! | restrict ma | maria 1 | There ! | |
| AIKE To a | bea | MODEL | <u> </u> | _ SIZE | |
| | P RPDA RPDA | .n 6C DCD | A DCDA-II | PVB SVB | AVB AG |
| AZARD PRO | OTECTED PREMISE | ISOLATION KRIG | TION PIRE SYSTI | EM BOILER D | THER |
| PPROVED: | ASSEMBLY INST | ALLATION ORIEN | TATION AIRGA | AP PIPE SIZE | io SISSAs io |
| FFROVED: | | SSURE ASSEMBLY | PV | BA/SVBA | Initialiest |
| | CHECK #1 | DOUBLE CHEC | K AIR INLET OPENED AT: | | PASSED |
| | PRESS DROP: | CHECK #1 TYPE II | | | FAILED |
| INITIAL | RELIEF VALVE | TIGHT 3 | | MON I PSID | DATE |
| TEST RESULTS | OPENED AT: | LEAKED MINIT | OPEN FULLY | FAILED | SYSTEM PSI |
| | MIN 2 PSIO RELIEF VALVE | CHECK #2 | DID NOT | | DETECTOR METER READING: |
| | PASSED FAILED | LEAKED MINI | PSED | | |
| NOTES REPAIRS PARTS | | | | | 1 TEST |
| REDUCED PRE | | ESSURE ASSEMBLY | | VBA/SVBA | AFTER REPAIRS |
| | CHECK #1 PRESS DROP: | DOUBLE CHE | I OPENED A | | DATE |
| REPAIR | MIN 5 PSID RELIEF VALVE | TIGHT | MIN I PSID | MIN 1 PSID | PASSED |
| RESULTS | OPENED AT:MIN 2 PSID | CHECK #2 | OPEN FULLY | FAILED | |
| • | RELIEF VALVE | TIGHT ME | N I PSID | | |
| CAUGE S/I | MASSED PARED | MAKE/MODEL | 445 | CALIBRATI | ON DATE 2 3 2 3 1 accordance with all applicable |
| in completing | g and submitting this test re- ides and regulations of the st | port, the tester certifies the ate and water system using | ng approved testing eq | uipment and approved | testing procedures. |
| Learn, MWS CO | INTIAL TEST | | TEST AFTE | REPAIRS | - |
| | | | | | 743673 |
| TESTER SIG | | . 1 | R SIGNATURE | | TESTERS CERT# |
| B + 44 5 15 | AME (PRINTED) | TEST | R NAME (PRINTED) | | PHONES |
| TESTER N | | | | | |
| TESTER NA | | TEST | ER ADDRESS | | EMAIL |
| TESTER N | DDRESS | | ER ADDRESS | | EMAIL WATER RESTORED? |

| | TER REPORT | EXISTING REMOVE | D NEW REI | PAIRED REPLA | CED OLD S/N |
|---------------------------|------------------------------|--|----------------------|---------------------|---------------------------|
| PROPERT | TY NAME CAYE | Creek Far | ich | PHONE | |
| CONTAC | TNAME JOE | | | _ | 16-31c-217 |
| | | & North La | use co | PAK | se su su |
| | angent | | | | 1197349 |
| PREVENT | ER ADDRESS | TO THE PARTY | THEY | A SOO | |
| | JPPLIER COUNT | | | | T4537 |
| LOCATIO | Non Huy | | ed. | | |
| MAKECO | רטשתפ | MODEL 4010 | DAST | SIZE \ '(' | ~ |
| TYPE | | DA-II DCDA | DCDA-II | | AVB AG |
| HAZARD F | PROTECTED PREMI | SE ISOLATION RIGATIO | FIRE SYSTE | | |
| APPROVE | D: ASSEMBLY IN | STALLATION ORIENTA | | | in Wataha in |
| | REDUCED PR | ESSURE ASSEMBLY | | A/SVBA | INTTIALTEST |
| l | CHECK #1 | DOUBLE CHECK | AIR INLET | CHECK VALVE | 1 |
| Thirms | PRESS DROP: MIN 5 PSID | CHECK #1 TYPE 11 | OPENED AT: | PRESS DROP: | PASSED PAILED |
| INITIAL TEST | RELIEF VALVE | TIGHT | MIN 1 PMD | MINTPO | DATE |
| RESULTS | OPENED AT: | LEAKED MIN 1 PMD | OPEN | | |
| | RELIEF VALVE | CHBCK #2 TIGHT | FULLY | FAILED | SYSTEM PSI DETECTOR METER |
| | PASSED HAILED | LEAKED MINIPAD | DID NOT OPEN | | READING: |
| NOTES REPAIRS PARTS | ropiae | ed Solt a | Joskets | | |
| | REDUCED PRE | SSURE ASSEMBLY | PVBA | /SVBA | TEST |
| | CHECK #1 | DOUBLE CHECK | AIR INLET OPENED AT: | CHECK VALVE | AFTER REPAIRS |
| REPAIR | PRESS DROP: MIN 5 PSID | CHECK #1 TYPE 11 | OFESEDAI: | PRESS DROP: | PC/JC/J/ STAD |
| RESULTS | RELIEF VALVE | MIN I PND | MIN I PND | MEN I PSID | PASSED |
| | OPENED AT: MIN 2 PSID | CHECK #2 | OPEN FULLY | FAILED | |
| | RELIEF VALVE | MEN I PSEO | | | · |
| AUGE S/N | 3151791 | IAKE/MODEL BUS | | | |
| completing as | nd submitting this test name | the terms of all all all | | | DATE 11/25/24 |
| · | INTIAL TEST | | ed testing equipment | n and approved test | ing procedures. |
| | | | | urs | 1 |
| ESTER SIGNA | | TESTER SIGNAT | URE | | 25-75hC |
| ESTER NAME | | TESTER NAME (| PDINTEN\ | | TESTERS CERT |
| ESTER ADDR | FSS | | | | PHONEs |
| | | TESTER ADDRE | ss | EMAIL | |
| OMPANY NA | ME | COMPANY NAM | COMPANY NAME | | |
| EPORT RECEIVED | BY (REPRESENTATION OF OWNE | The same of the case of the party of the par | (REPRESENTATION OF | FOWNER) | WATER RESTORED! |
| | WHITE - UTILITY C | OPY . YELLOW - CUSTON | | HAIF . Tremma co. | |

1771775

| BACKFLO PREVENTER | W REPORT | EXISTING | REMOVED | NEW REPAI | red replace | D OLD S/N |
|---------------------------|---------------------------------|-------------------|--|---------------------------------------|----------------------------|-------------------------------|
| PROPERTY N | VAME LA LE CL | eet r | nstale | | _ PHONE | |
| CONTACT N | AME | | | · · · · · · · · · · · · · · · · · · · | PHONE | |
| MAILING AI | DORESS 31919 | 10001 | h la | ae _ | LIEK. | |
| стту 🤼 😘 | nowen't | · | | STATE | ZIP | |
| | ADDRESS | | | | | |
| | | | | | | 09161 |
| LOCATION | Later La brill | × Je | ir Anak | a (m. Frinse) | e 11: 11:10 | and Louis terra |
| MAKE 1 | John y ball | MODE | 1007 | | SIZE | |
| | | | | | PVB SVB | 1 |
| HAZARD PR | OTECTED PREMISE | 1,110,444 | | | | |
| APPROVED: | : ASSEMBLY INST | TALLATION | ORIENTATIO | ON AIRGAP | PIPE SIZE | _in Thatithesin |
| | REDUCED PRE | | | PVBA | | INITIALTEST |
| | CHECK #1 | DOUBI. | E CHECK | AIR INLET | CHECK VALVE PRESS DROP: | PASSED |
| | PRESS DROP: | CHECK#1 | TYPE II | (Again Ai | | FAILED |
| INITIAL TEST | RELIEF VALVE | TIGHT LEAKED | <u> </u> | MIN I PSID | MINTPSID | DATE 1 / 5 |
| RESULTS | OPENED AT: | CHECK #2 | MIN I PSID | OPEN FULLY | FAILED | SYSTEM PSI |
| | RELIEF VALVE | TIGHT | ્ય | DID NOT | PAILED | DETECTOR METER READING: |
| | PASSED FARED | LEAKED | MIN 1 PSID | OPEN | | READING: |
| NOTES REPAIRS PARTS | ÷ | | | | | |
| | REDUCED PRE | SSURE ASSE | MBLY | PVBA | /SVBA | TEST AFTER REPAIRS |
| | CHECK #1 | | E CHECK | AIR INLET OPENED AT: | CHECK VALVE PRESS DROP: | |
| | PRESS DROP:MIN 5 PSID | CHECK #1 | ITPEH | | | DATE |
| REPAIR RESULTS | RELIEF VALVE | тібнт | MEN I PMID | MIN (PSII) | MIN I PSID | PASSED |
| | OPENED AT:MIN 2 PSID | CHECK #2 | | OPEN FULLY | FAILED | |
| | RELIEF VALVE | TIGHT | MIN 1 PSID | | | i |
| L | PMSSED FAILED | | - V(1 V | | L CALLED A TO | |
| In completing | and submitting this test repo | rt, the tester ce | rtifies that the ass | sembly was tested | and maintained in a | ccordance with all applicable |
| rules, laws code | es and regulations of the state | and water sys | tem using approv | red testing equipm | ent and approved to | sting procedures. |
| 1 | INTIAL TEST | ····· | Ť | EST AFTER RE | PAIRS | |
| | intial test | | Ţ | EST AFTER RE | PAIRS | - M - J |
| TESTER SIGN | IATURE | | T TESTER SIGNA | | PAIRS | TESTERS CERTIF |
| (Car or | | | | TURE | PAIRS | TESTERS CERT# |
| TESTER NAM | NATURE | | TESTER SIGNA | TURE (PRINTED) | PAIRS | |
| Car | NATURE (PRINTED) PRESS | | TESTER SIGNA | TURE (PRINTED) ESS | PAIRS | TESTERS CERT# |
| TESTER ADD | NATURE (PRINTED) PRESS | į, į | TESTER SIGNA TESTER NAME TESTER ADDR COMPANY NAI | TURE (PRINTED) ESS | | TESTERS CERT# PHONE# EMAIL |

WHITE-UTILITY COPY · YELLOW · CUSTOMER COPY · PINK · TESTER COPY

| | Į | 5 | 5 | į | 1 | 1 | |
|---|---|---|----|---|---|------|--|
| _ | ξ | 7 | J. | ğ | Ĭ | ಾರ್ಥ | |

| BACKF1 PREVENT | LOW ER REPORT | EXISTING REMOV | JED NEW DEI | | CED OLD S/N |
|---------------------------|-------------------------------|---|-----------------------------|----------------------------|-----------------------|
| PROPERT | Y NAME | ······································ | TALL TALLY KE | PHONE | CED OLD S/N |
| | | | | | |
| MAILING | ADDRESS | | | | |
| | | | | | P |
| PREVENT | ER ADDRESS | | SIATE | ZI | |
| WATER SU | PPLIER | | | SEDIAL 4 | |
| LOCATION | N | | | SERIAL# . | |
| MAKE | | MODEL | | SIZE | |
| TYPE | RP RPDA RPI | DA-II DC DCDA | A DCDA-II | PVB SVB | AVR AC |
| HAZARD P | PROTECTED PREMI | SE ISOLATION IRRIGAT | TION FIRE SYSTE | M BOILER | OTHER |
| APPROVE | | STALLATION ORIENT | | | in PHYSICAL in |
| | | ESSURE ASSEMBLY | | A/SVBA | INITIALTEST |
| - | CHECK #1 | DOUBLE CHECK | AIR INLET OPENED AT: | CHECK VALVE PRESS DROP: | PASSED |
| INITIAL | PRESS DROP: MIN 3 PS(D | | ŀ | ł | FAILED |
| TEST RESULTS | RELIEF VALVE | TIGHT LEAKED MEN 1 PSID | | MIN EPSID | DATE |
| RESULTS | OPENED AT: | CHECK #2 | OPEN FULLY | FAILED | SYSTEM PSI |
| | RELIEF VALVE | TIGHT | DID NOT | PAILED | DETECTOR METER |
| | PASSED FAILED | LEAKED MIN (PSID | OPEN | | READING: |
| NOTES REPAIRS PARTS | | | | <u> </u> | |
| | REDUCED PRE | SSURE ASSEMBLY | PVBA | /SVBA | TEST AFTER REPAIRS |
| | CHECK #1 PRESS DROP: | DOUBLE CHECK CHECK #1 TYPE II | AIR INLET OPENED AT: | CHECK VALVE PRESS DROP: | AFTER REPAIRS |
| REPAIR | MIN 3PSID RELIEF VALVE | TIGHT | | | DATE |
| RESULTS | OPENED AT: | MIN 1 PSID CHECK #2 | | MIN LPSID | PASSED |
| | MIN 2 '8ID | TIGHT | FULLY | FAILED | j |
| | PASSED FAILED | MIN 4 PSID | | j | ł |
| AUGE S/N | N | AKE/MODEL | | CALIBRATION | DATE |
| i completing a | na submitting this test repor | t, the tester certifies that the and water system using appr | | | |
| | INTIAL TEST | | TEST AFTER REP | AIRS | ing procedures. |
| TESTER SIGNA | ATTIDE | | | | |
| | | TESTER SIGN | ATURE | | TESTERS CERT# |
| TESTER NAME | E (PRINTED) | TESTER NAM | E (PRINTED) | | 1 |
| ESTER ADDR | RESS | TESTER ADD | RESS | | PHONE# |
| OMPANY NA | ME | | | EMAIL | |
| | WI E | COMPANY NA | LME. | | 1 |
| EPORT RECEIVED | BY (REPRESENTATION OF OWNE | COMPANY NA REPORT RECEIVE | AME D BY (REPRESENTATION O | | WATER RESTORED? |

WHITE - UTILITY COPY • YELLOW - CUSTOMER COPY • PINK - TESTER COPY