



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](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:** Lake Creek ranch MHC **PWS ID#** 41-01429

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: 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?**  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: Buckmasters Cert #: 742673

Email Address: \_\_\_\_\_ Phone #: 541-451-5900

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 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, 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? 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, 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: Joseph DeOlus Title: Maint

Signature:  Date: 01/20/2025

**Return completed reports by March 31, 2025.**

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

To get Cross Connection notifications, go to [www.healthoregon.org/crossconnection](http://www.healthoregon.org/crossconnection) and click on the '**Sign Up for Cross Connection News**'

1771754

**BACKFLOW PREVENTER REPORT**

EXISTING  REMOVED  NEW  REPAIRED  REPLACED  OLD S/N \_\_\_\_\_

PROPERTY NAME Lake Creek Backflow PHONE \_\_\_\_\_  
 CONTACT NAME Dave PHONE 414-410-7252  
 MAILING ADDRESS 3119 North Lake Creek  
 CITY Tangent STATE OR ZIP 97359  
 PREVENTER ADDRESS Same  
 WATER SUPPLIER Tangent SERIAL# T5663  
 LOCATION At site inside municipal Bldg  
 MAKE Fabco MODEL 505 SIZE 2  
 TYPE RP RPD A RPD A-II  DC DA DCDA-II PVB SVB AVB AG  
 HAZARD PROTECTED  PREMISE ISOLATION   IRRIGATION  FIRE SYSTEM  BOILER  OTHER \_\_\_\_\_  
 APPROVED: ASSEMBLY  INSTALLATION  ORIENTATION  AIRGAP  PIPE SIZE \_\_\_\_\_ in \_\_\_\_\_ in

INITIAL TEST RESULTS	REDUCED PRESSURE ASSEMBLY		PVBA/SVBA		INITIAL TEST
	CHECK #1 PRESS DROP: _____ MIN 5 PSID	DOUBLE CHECK CHECK #1 TYPE II	AIR INLET OPENED AT: _____ MIN 1 PSID	CHECK VALVE PRESS DROP: _____ MIN 1 PSID	
RELIEF VALVE OPENED AT: _____ MIN 2 PSID	TIGHT	OPEN FULLY	FAILED	PASSED	PASSED
RELIEF VALVE PASSED FAILED	CHECK #2 TIGHT	DID NOT OPEN		FAILED	DATE <u>2/1/24</u>
	LEAKED				SYSTEM PSI _____
	LEAKED				DETECTOR METER READING: _____
NOTES REPAIRS PARTS					
REPAIR RESULTS	REDUCED PRESSURE ASSEMBLY		PVBA/SVBA		TEST AFTER REPAIRS
	CHECK #1 PRESS DROP: _____ MIN 5 PSID	DOUBLE CHECK CHECK #1 TYPE II	AIR INLET OPENED AT: _____ MIN 1 PSID	CHECK VALVE PRESS DROP: _____ MIN 1 PSID	
RELIEF VALVE OPENED AT: _____ MIN 2 PSID	TIGHT	OPEN FULLY	FAILED	PASSED	DATE _____
RELIEF VALVE PASSED FAILED	CHECK #2 TIGHT				
	LEAKED				

GAUGE S/N 45771 MAKE/MODEL 445 CALIBRATION DATE 1/23/24

In completing and submitting this test report, the tester certifies that the assembly was tested and maintained in accordance with all applicable rules, laws codes and regulations of the state and water system using approved testing equipment and approved testing procedures.

INITIAL TEST		TEST AFTER REPAIRS	
TESTER SIGNATURE <u>Brent K...and</u>	TESTER SIGNATURE	TESTER NAME (PRINTED)	TESTER ADDRESS
TESTER NAME (PRINTED)	TESTER NAME (PRINTED)	TESTER ADDRESS	COMPANY NAME
TESTER ADDRESS	TESTER ADDRESS	COMPANY NAME	REPORT RECEIVED BY (REPRESENTATION OF OWNER)
COMPANY NAME	COMPANY NAME	REPORT RECEIVED BY (REPRESENTATION OF OWNER)	

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

1777555

BACKFLOW PREVENTER REPORT

EXISTING REMOVED NEW REPAIRED REPLACED OLD S/N

PROPERTY NAME Lake Creek Ranch PHONE

CONTACT NAME Joe PHONE 360-360-2179

MAILING ADDRESS 31919 North Lake Creek

CITY Tangent STATE OR ZIP 97389

PREVENTER ADDRESS ~~at the end of Hwy 99~~ Same

WATER SUPPLIER County SERIAL T4537

LOCATION On Hwy 99 in shed

MAKE Cornbrace MODEL 40107A2T SIZE 1 1/2

TYPE RP RPDA RPDA-II DCDA DCDA-II PVB SVB AVB AG

HAZARD PROTECTED PREMISE ISOLATION IRRIGATION FIRE SYSTEM BOILER OTHER

APPROVED: ASSEMBLY INSTALLATION ORIENTATION AIRGAP PIPE SIZE in

INITIAL TEST RESULTS	REDUCED PRESSURE ASSEMBLY		PVBA/SVBA		INITIAL TEST
	CHECK #1 PRESS DROP: MIN 5 PSI RELIEF VALVE OPENED AT: MIN 1 PSI RELIEF VALVE PASSED FAILED	DOUBLE CHECK CHECK #1 TYPE II TIGHT LEAKED MIN 1 PSI CHECK #2 TIGHT LEAKED MIN 1 PSI	AIR INLET OPENED AT: MIN 1 PSI OPEN FULLY DID NOT OPEN	CHECK VALVE PRESS DROP: MIN 1 PSI FAILED	
					PASSED FAILED DATE SYSTEM PSI DETECTOR METER READING:

NOTES REPAIRS PARTS replaced soft gaskets

REPAIR RESULTS	REDUCED PRESSURE ASSEMBLY		PVBA/SVBA		TEST AFTER REPAIRS
	CHECK #1 PRESS DROP: MIN 5 PSI RELIEF VALVE OPENED AT: MIN 1 PSI RELIEF VALVE PASSED FAILED	DOUBLE CHECK CHECK #1 TYPE II TIGHT LEAKED MIN 1 PSI CHECK #2 TIGHT LEAKED MIN 1 PSI	AIR INLET OPENED AT: MIN 1 PSI OPEN FULLY	CHECK VALVE PRESS DROP: MIN 1 PSI FAILED	
	1.4	1.4			DATE 11/26/24 PASSED

GAUGE S/N 5151791 MAKE/MODEL B45 CALIBRATION DATE 11/25/24

In completing and submitting this test report, the tester certifies that the assembly was tested and maintained in accordance with all applicable rules, laws codes and regulations of the state and water system using approved testing equipment and approved testing procedures.

INITIAL TEST	TEST AFTER REPAIRS	TESTERS CERT# PHONE# EMAIL WATER RESTORED?	
TESTER SIGNATURE Brent Kincaid	TESTER SIGNATURE		742673
TESTER NAME (PRINTED)	TESTER NAME (PRINTED)		
TESTER ADDRESS	TESTER ADDRESS		
COMPANY NAME	COMPANY NAME		
REPORT RECEIVED BY (REPRESENTATION OF OWNER)	REPORT RECEIVED BY (REPRESENTATION OF OWNER)		

1771775

**BACKFLOW PREVENTER REPORT**

EXISTING REMOVED NEW REPAIRED REPLACED OLD S/N

PROPERTY NAME Love Creek Mobile PHONE \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS 31919 North Love Creek

CITY Tangerut STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PREVENTER ADDRESS Same

WATER SUPPLIER Love County SERIAL# 2001/61

LOCATION Love Creek

MAKE Watts MODEL 2057 SIZE 2

TYPE RP RPDA RPDA-II  DCDA DCDA-II PVB SVB AVB AG

HAZARD PROTECTED PREMISE ISOLATION IRRIGATION FIRE SYSTEM BOILER OTHER \_\_\_\_\_

APPROVED: ASSEMBLY INSTALLATION ORIENTATION AIRGAP PIPE SIZE \_\_\_\_\_ in \_\_\_\_\_ in

INITIAL TEST RESULTS	REDUCED PRESSURE ASSEMBLY		PVBA/SVBA		INITIAL TEST
	CHECK #1 PRESS DROP: _____ MIN 5 PSID	DOUBLE CHECK CHECK #1 TYPE II	AIR INLET OPENED AT: _____ MIN 1 PSID	CHECK VALVE PRESS DROP: _____ MIN 1 PSID	
RELIEF VALVE OPENED AT: _____ MIN 2 PSID	TIGHT <u>24</u>	OPEN FULLY	FAILED	PASSED	DATE <u>11/15/21</u> SYSTEM PSI _____ DETECTOR METER READING: _____
RELIEF VALVE PASSED FAILED	CHECK #2 TIGHT <u>24</u>	DID NOT OPEN	FAILED	FAILED	

NOTES REPAIRS PARTS

REPAIR RESULTS	REDUCED PRESSURE ASSEMBLY		PVBA/SVBA		TEST AFTER REPAIRS
	CHECK #1 PRESS DROP: _____ MIN 5 PSID	DOUBLE CHECK CHECK #1 TYPE II	AIR INLET OPENED AT: _____ MIN 1 PSID	CHECK VALVE PRESS DROP: _____ MIN 1 PSID	
RELIEF VALVE OPENED AT: _____ MIN 2 PSID	TIGHT _____	OPEN FULLY	FAILED	PASSED	DATE _____
RELIEF VALVE PASSED FAILED	CHECK #2 TIGHT _____				

GAUGE S/N 319171 MAKE/MODEL Watts CALIBRATION DATE 10/23/21

In completing and submitting this test report, the tester certifies that the assembly was tested and maintained in accordance with all applicable rules, laws codes and regulations of the state and water system using approved testing equipment and approved testing procedures.

INITIAL TEST		TEST AFTER REPAIRS	
TESTER SIGNATURE <u>[Signature]</u>	TESTER SIGNATURE	TESTER SIGNATURE	TESTER SIGNATURE
TESTER NAME (PRINTED)	TESTER NAME (PRINTED)	TESTER NAME (PRINTED)	TESTER NAME (PRINTED)
TESTER ADDRESS	TESTER ADDRESS	TESTER ADDRESS	TESTER ADDRESS
COMPANY NAME	COMPANY NAME	COMPANY NAME	COMPANY NAME
REPORT RECEIVED BY (REPRESENTATION OF OWNER)	REPORT RECEIVED BY (REPRESENTATION OF OWNER)	REPORT RECEIVED BY (REPRESENTATION OF OWNER)	REPORT RECEIVED BY (REPRESENTATION OF OWNER)

TESTERS CERT#  
PHONE#  
EMAIL  
WATER RESTORED?

**BACKFLOW  
PREVENTER REPORT**

111114

EXISTING    REMOVED    NEW    REPAIRED    REPLACED    OLD S/N

PROPERTY NAME \_\_\_\_\_ PHONE \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PREVENTER ADDRESS \_\_\_\_\_

WATER SUPPLIER \_\_\_\_\_ SERIAL# \_\_\_\_\_

LOCATION \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ SIZE \_\_\_\_\_

TYPE    RP    RPDA    RPDA-II    DC    DCDA    DCDA-II    PVB    SVB    AVB    AG

HAZARD PROTECTED    PREMISE ISOLATION    IRRIGATION    FIRE SYSTEM    BOILER    OTHER \_\_\_\_\_

APPROVED:    ASSEMBLY    INSTALLATION    ORIENTATION    AIRGAP    PIPE SIZE \_\_\_\_\_ in UNSEAL SEPARATION \_\_\_\_\_ in

<b>INITIAL TEST RESULTS</b>	<b>REDUCED PRESSURE ASSEMBLY</b>		<b>PVBA/SVBA</b>		<b>INITIAL TEST</b>
	<b>CHECK #1</b> PRESS DROP: _____ <small>MIN 3 PSID</small>	<b>DOUBLE CHECK</b> <b>CHECK #1 TYPE II</b> TIGHT _____ LEAKED _____ <small>MIN 1 PSID</small>	<b>AIR INLET OPENED AT:</b> _____ <small>MIN 1 PSID</small>	<b>CHECK VALVE PRESS DROP:</b> _____ <small>MIN 1 PSID</small>	
<b>REPAIR RESULTS</b>	<b>RELIEF VALVE</b> OPENED AT: _____ <small>MIN 2 PSID</small>	<b>CHECK #2</b> TIGHT _____ LEAKED _____ <small>MIN 1 PSID</small>	OPEN FULLY DID NOT OPEN	FAILED	PASSED
	<b>RELIEF VALVE</b> PASSED    FAILED	TIGHT _____ LEAKED _____ <small>MIN 1 PSID</small>	OPEN FULLY	FAILED	DATE _____ PASSED
<b>NOTES REPAIRS PARTS</b>					

GAUGE S/N \_\_\_\_\_ MAKE/MODEL \_\_\_\_\_ CALIBRATION DATE \_\_\_\_\_  
In completing and submitting this test report, the tester certifies that the assembly was tested and maintained in accordance with all applicable rules, laws codes and regulations of the state and water system using approved testing equipment and approved testing procedures.

<b>INITIAL TEST</b>		<b>TEST AFTER REPAIRS</b>		TESTERS CERT# _____ PHONE# _____ EMAIL _____ WATER RESTORED? _____
TESTER SIGNATURE	TESTER SIGNATURE	TESTER SIGNATURE	TESTER SIGNATURE	
TESTER NAME (PRINTED)	TESTER NAME (PRINTED)	TESTER NAME (PRINTED)	TESTER NAME (PRINTED)	
TESTER ADDRESS	TESTER ADDRESS	TESTER ADDRESS	TESTER ADDRESS	
COMPANY NAME	COMPANY NAME	COMPANY NAME	COMPANY NAME	
REPORT RECEIVED BY (REPRESENTATION OF OWNER)	REPORT RECEIVED BY (REPRESENTATION OF OWNER)	REPORT RECEIVED BY (REPRESENTATION OF OWNER)	REPORT RECEIVED BY (REPRESENTATION OF OWNER)	

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