Public Health Division

Drinking Water Services

OREGON HEALTH AUTHORITY

2025 ANNUAL SUMMARY REPORT
CROSS CONNECTION & BACKFLOW PREVENTION

Received
Feb 18 2026
Cross Connection

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:** 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: Austin Bynum
   Email: lakecreekranchmhc@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 ☒ 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: Buckmaster 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 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? 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: Austin Bynum **Title:** Maint

Signature: Austin Bynum **Date:** 02/18/2026

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

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

1777593

BACKFLOW PREVENTER REPORT (EXISTING) REMOVED NEW REPAIRED REPLACED OLD S/N _____

PROPERTY NAME Lake Creek Ranch Mobile PHONE _____

CONTACT NAME Austin PHONE 541-401-9071

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PREVENTER ADDRESS 3919 North Lake Creek Drive Tangent, OR.

WATER SUPPLIER _____ SERIAL# T4537

LOCATION Northside of property in pump house

MAKE Cornbrace MODEL 4010TA2T SIZE 1 1/2

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 PHYSICAL SEPARATION _____ in

	REDUCED PRESSURE ASSEMBLY		PVBA/SVBA		INITIAL TEST
	CHECK #1	DOUBLE CHECK	AIR INLET OPENED AT:	CHECK VALVE PRESS DROP:	(PASSED)
INITIAL TEST RESULTS	PRESS DROP: _____ MIN 5 PSID	CHECK #1 TYPE II (TIGHT) 2.0 MIN 1 PSID	_____ MIN 1 PSID	_____ MIN 1 PSID	FAILED
	RELIEF VALVE OPENED AT: _____ MIN 2 PSID	LEAKED	OPEN FULLY	FAILED	DATE 12/8/25
	RELIEF VALVE PASSED FAILED	CHECK #2 (TIGHT) 1.4 MIN 1 PSID	DID NOT OPEN		SYSTEM PSI 60
		LEAKED			DETECTOR METER READING:
NOTES REPAIRS PARTS					
	REDUCED PRESSURE ASSEMBLY		PVBA/SVBA		TEST AFTER REPAIRS
	CHECK #1	DOUBLE CHECK	AIR INLET OPENED AT:	CHECK VALVE PRESS DROP:	
REPAIR RESULTS	PRESS DROP: _____ MIN 5 PSID	CHECK #1 TYPE II TIGHT _____ MIN 1 PSID	_____ MIN 1 PSID	_____ MIN 1 PSID	DATE _____
	RELIEF VALVE OPENED AT: _____ MIN 2 PSID	CHECK #2 TIGHT _____ MIN 1 PSID	OPEN FULLY	FAILED	PASSED
	RELIEF VALVE PASSED FAILED				

GAUGE S/N 3151791 MAKE/MODEL 845 CALIBRATION DATE 12/3/25

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.

INTIAL TEST	TEST AFTER REPAIRS	
TESTER SIGNATURE Brent Kincaid	TESTER SIGNATURE	42673 TESTERS CERT#
TESTER NAME (PRINTED)	TESTER NAME (PRINTED)	PHONE#
TESTER ADDRESS Buckmaster	TESTER ADDRESS	EMAIL
COMPANY NAME	COMPANY NAME	WATER RESTORED?
REPORT RECEIVED BY (REPRESENTATION OF OWNER)	REPORT RECEIVED BY (REPRESENTATION OF OWNER)	

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

1777582

BACKFLOW PREVENTER REPORT (EXISTING) REMOVED NEW REPAIRED REPLACED OLD S/N _____

PROPERTY NAME Lake Creek Ranch mobile **PHONE** _____

CONTACT NAME Austin **PHONE** 541-401-9071

MAILING ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PREVENTER ADDRESS 31919 North Lake creek Drive Tangent, OR

WATER SUPPLIER _____ **SERIAL#** T56663

LOCATION in front office with well tanks

MAKE Febco **MODEL** 805Y **SIZE** 2"

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 PHYSICAL SEPARATION _____ in

	REDUCED PRESSURE ASSEMBLY		PVBA/SVBA		INITIALTEST
INITIAL TEST RESULTS	**CHECK #1** PRESS DROP: _____ MIN 5 PSID **RELIEF VALVE** OPENED AT: _____ MIN 2 PSID **RELIEF VALVE** PASSED FAILED	**DOUBLE CHECK** CHECK #1 TYPE II (TIGHT) 1.8 MIN 1 PSID LEAKED CHECK #2 (TIGHT) 1.8 MIN 1 PSID LEAKED	**AIR INLET** OPENED AT: _____ MIN 1 PSID OPEN FULLY DID NOT OPEN	**CHECK VALVE** PRESS DROP: _____ MIN 1 PSID FAILED	(PASSED) FAILED DATE 12/8/25 SYSTEM PSI 60 DETECTOR METER READING:
NOTES REPAIRS PARTS					
	REDUCED PRESSURE ASSEMBLY		**PVBA/SVBA**		**TEST AFTER REPAIRS**
REPAIR RESULTS	**CHECK #1** PRESS DROP: _____ MIN 5 PSID **RELIEF VALVE** OPENED AT: _____ MIN 2 PSID **RELIEF VALVE** PASSED FAILED	**DOUBLE CHECK** CHECK #1 TYPE II TIGHT _____ MIN 1 PSID CHECK #2 TIGHT _____ MIN 1 PSID	**AIR INLET** OPENED AT: _____ MIN 1 PSID OPEN FULLY	**CHECK VALVE** PRESS DROP: _____ MIN 1 PSID FAILED	DATE _____ PASSED

GAUGE S/N 3151791 **MAKE/MODEL** 845 **CALIBRATION DATE** 12/31/25

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.

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

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

1777586

BACKFLOW PREVENTER REPORT (EXISTING) REMOVED NEW REPAIRED REPLACED OLD S/N _____

PROPERTY NAME Lake Creek Ranch Mobile **PHONE** _____

CONTACT NAME Austin **PHONE** 541-401-9071

MAILING ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PREVENTER ADDRESS 31919 North lake creek drive tonyent, OR,

WATER SUPPLIER _____ **SERIAL#** 008164

LOCATION Back property in Shop in well room

MAKE Watts **MODEL** 007 **SIZE** 2"

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 PHYSICAL SEPARATION _____ in

	REDUCED PRESSURE ASSEMBLY		PVBA/SVBA		INITIALTEST
	CHECK #1	DOUBLE CHECK	AIR INLET OPENED AT:	CHECK VALVE PRESS DROP:	(PASSED) FAILED
INITIAL TEST RESULTS	PRESS DROP: _____ MIN 5 PSID RELIEF VALVE OPENED AT: _____ MIN 2 PSID RELIEF VALVE PASSED FAILED	CHECK #1 TYPE II (TIGHT) 2.8 MIN 1 PSID LEAKED CHECK #2 (TIGHT) 2.0 MIN 1 PSID LEAKED	_____ MIN 1 PSID OPEN FULLY DID NOT OPEN	_____ MIN 1 PSID FAILED	DATE 12/8/25 SYSTEM PSI 60 DETECTOR METER READING: _____
NOTES REPAIRS PARTS					
	REDUCED PRESSURE ASSEMBLY		PVBA/SVBA		TEST AFTER REPAIRS
	CHECK #1	DOUBLE CHECK	AIR INLET OPENED AT:	CHECK VALVE PRESS DROP:	
REPAIR RESULTS	PRESS DROP: _____ MIN 5 PSID RELIEF VALVE OPENED AT: _____ MIN 2 PSID RELIEF VALVE PASSED FAILED	CHECK #1 TYPE II TIGHT _____ MIN 1 PSID CHECK #2 TIGHT _____ MIN 1 PSID	_____ MIN 1 PSID OPEN FULLY	_____ MIN 1 PSID FAILED	DATE _____ PASSED

GAUGE S/N 3151791 **MAKE/MODEL** 845 **CALIBRATION DATE** 12/3/25

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.

INTIAL TEST	TEST AFTER REPAIRS	
		142673 TESTERS CERT#
TESTER SIGNATURE Brent Kincaid	TESTER SIGNATURE	
TESTER NAME (PRINTED)	TESTER NAME (PRINTED)	PHONE#
TESTER ADDRESS Buckmaster	TESTER ADDRESS	EMAIL
COMPANY NAME	COMPANY NAME	WATER RESTORED?
REPORT RECEIVED BY (REPRESENTATION OF OWNER)	REPORT RECEIVED BY (REPRESENTATION OF OWNER)	

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