

Public Health Division

Drinking Water Services

OREGON
HEALTH
AUTHORITY**2024 ANNUAL SUMMARY REPORT
CROSS CONNECTION & BACKFLOW PREVENTION**

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:** Aspen Lakes Utility Co LLC PWS ID# 41- 014716
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: Matt Cyrus
Email: matt@aspenlakes.com Phone #: 541-771-4980
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: 93
 - 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: 4Comments: Commercial Properties 3-Golf 1-HOA
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

800 NE Oregon Street suite 640, Portland, OR, 97232 | Voice: 971-673-0321 | Fax: 971-673-0694

All relay calls accepted | www.healthoregon.org/dws

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: _____ 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 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? 97

b. How many assemblies were tested? 96

c. How many assemblies passed their annual test? 90

d. How many assemblies failed their annual test? 6

e. Comments: 1 assembly unable to test as testing cocks seized -
Assembly to be replaced. Home unoccupied: up for sale

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: Matt Cyrus Title: Member

Signature:  Date: 3.31.25

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**'