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JAN 15 2025

Certification Drinking Water Services

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:** Red Hills Estates Homeowners Association **PWS ID#** 41-01502

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: Michael Price

Email: flatroof@msn.com Phone #: 503 476 2113

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: 15

b. Do you have any high hazard connections in your water system?

Yes No How many: 0

c. Do you have any other types of connections not listed above?

Yes No How many: 3

Comments: Pool, outdoor water tap, in-floor heating system isolation

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

1. The purpose of this document is to provide a comprehensive overview of the current status of the project and to identify the key areas that require attention.

2. The project has made significant progress since the last meeting, with most of the initial objectives being met.

3. However, there are several areas where the progress has been slower than expected, and these need to be addressed.

4. The first area of concern is the delay in the procurement of the necessary equipment, which is affecting the overall timeline.

5. The second area is the need for additional resources, particularly in the area of technical support, to ensure that the project can be completed on time.

6. The third area is the need for a more detailed risk assessment, as there are several potential risks that could impact the project's success.

7. The fourth area is the need for a more regular communication schedule, as it is important to keep all stakeholders informed of the project's progress.

8. The fifth area is the need for a more detailed budget, as the current budget is not sufficient to cover all of the project's requirements.

9. The sixth area is the need for a more detailed timeline, as the current timeline is not realistic and needs to be revised.

10. The seventh area is the need for a more detailed plan of action, as the current plan is not clear and needs to be revised.

11. The eighth area is the need for a more detailed report, as the current report is not comprehensive and needs to be revised.

12. The ninth area is the need for a more detailed meeting agenda, as the current agenda is not clear and needs to be revised.

13. The tenth area is the need for a more detailed action plan, as the current action plan is not clear and needs to be revised.

14. The eleventh area is the need for a more detailed communication plan, as the current communication plan is not clear and needs to be revised.

15. The twelfth area is the need for a more detailed budget plan, as the current budget plan is not clear and needs to be revised.

16. The thirteenth area is the need for a more detailed timeline plan, as the current timeline plan is not clear and needs to be revised.

17. The fourteenth area is the need for a more detailed plan of action plan, as the current plan of action plan is not clear and needs to be revised.

18. The fifteenth area is the need for a more detailed report plan, as the current report plan is not clear and needs to be revised.

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: A-1 Backflow Service Cert #: 5310

Email Address: Not listed Phone #: 503 873 9600

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: _____

1. The first section of the document discusses the importance of maintaining accurate records for all transactions.

2. It is essential to ensure that all data is entered correctly and that any discrepancies are identified and corrected promptly.

3. The following table provides a summary of the key findings from the audit process.

Category	Item	Value	Status
Financials	Revenue	\$1,200,000	Confirmed
	Expenses	\$800,000	Confirmed
	Profit	\$400,000	Confirmed
	Assets	\$500,000	Confirmed
Operational	Inventory	10,000 units	Confirmed
	Liabilities	\$200,000	Confirmed
	Equity	\$300,000	Confirmed

4. The audit also identified several areas for improvement, including the need for more robust internal controls.

5. Recommendations include implementing a new accounting system and providing additional training for staff.

6. The final conclusion is that the financial statements are fair and accurate, subject to the noted adjustments.

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? 17
- b. How many assemblies were tested? 17
- c. How many assemblies passed their annual test? 17
- 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? 1
- b. How many assemblies were tested? 1
- c. How many assemblies passed their annual test? 1
- d. How many assemblies failed their annual test? 0
- 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: Michael B. Price **Title:** DRC

Signature:  **Date:** 01/11/2025

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

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