



2024 ANNUAL SUMMARY REPORT  
CROSS CONNECTION & BACKFLOW PREVENTION

Received  
Mar 25 2024  
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:** HORIZON VILLAGE **PWS ID#** 41-06114

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: ERIC SCHAAFSMA

Email: eric@gpwaterlab.com Phone #: 5414760733

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: 56

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: \_\_\_\_\_ 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? 32
- b. How many assemblies were tested? 32
- c. How many assemblies passed their annual test? 32
- d. How many assemblies failed their annual test? \_\_\_\_\_
- 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:** ERIC SCHAAFSMA **Title:** CONTACTOR

**Signature:**  **Date:** 02/05/2025

**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

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