



**2025 ANNUAL SUMMARY REPORT
CROSS CONNECTION & BACKFLOW PREVENTION**

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:** _____ **PWS ID# 41-** _____

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: _____

Email: _____ Phone #: _____

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: _____

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 7 -9 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 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? _____

b. How many assemblies were tested? _____

c. How many assemblies passed their annual test? _____

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: _____ **Title:** _____

Signature:  _____ **Date:** _____

Return completed reports by March 31, 2026.

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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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