

# 2018 Annual Summary Report (ASR)

Row 28

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**Primary**

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**Entered** **Water System Name** BANKS WATER DEPARTMENT, 41-00076**ASR Contact** Tom Tuski**Email Address** ttuski@cityofbanks.org**Contact Phone Number** 503-324-5112**Residential Connections** 630**High Hazard Connections** 2**Other Connections** 56**Enabling Authority** Yes**Revised Enabling Authority** No**CCCS Name** Tom Tuski**CCCS Information** Water System Employee, or

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**CCCS Cert #** 5602

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**CCCS Phone**

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**CCCS Email** ttuski@cityofbanks.org

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**Current written  
backflow  
prevention  
program plan?**

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**BFPP - list of  
high hazards**

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**BFPP -  
Procedure**

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**BFPP Notify  
Water User**

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**BFPP - Type of  
Protection**

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**BFPP -  
Corrective  
Action**

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**BFPP - Current  
records**

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**BFPP - Public  
Education**

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**Do you have  
RP?** No

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**RP - How Many** 2

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**RP - Tested** 2

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**RP - Passed** 2

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**RP - Failed** 0

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**% Tested** 100%

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**RP - Comments**

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**Do you have any DC?** Yes

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**DC - How Many** 428

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**DC - Tested** 428

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**DC - Passed** 428

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**DC - Failed** 0

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**DC - Comments**

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**Do you have any PVBs?** No

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**PVB - How Many**

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**PVB - Tested**

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**PVB - Passed**

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**PVB - Failed**

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**PVB - Comments**

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**I certify**

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**Column47**

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