

# 2018 Annual Summary Report (ASR)

Row 40

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**Primary**

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**Entered****Water System  
Name**

BOARDMAN, CITY OF, 41-00130

**ASR Contact**

Kevin Kennedy

**Email Address**

kennedyk@cityofboardman.com

**Contact Phone  
Number**

541-481-9252

**Residential  
Connections**

775

**High Hazard  
Connections**

7

**Other  
Connections**

103

**Enabling  
Authority**

Yes

**Revised  
Enabling  
Authority**

No

**CCCS Name**

Kevin Kennedy

**CCCS  
Information**

Water System Employee, or

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<b>CCCS Cert #</b>	6158
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<b>CCCS Phone</b>	541-481-9252
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<b>CCCS Email</b>	kennedyk@cityofboardman.com
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<b>Current written backflow prevention program plan?</b>	Yes
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<b>BFPP - list of high hazards</b>	No
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<b>BFPP - Procedure</b>	No
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<b>BFPP Notify Water User</b>	No
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<b>BFPP - Type of Protection</b>	Yes
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<b>BFPP - Corrective Action</b>	Yes
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<b>BFPP - Current records</b>	Yes
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<b>BFPP - Public Education</b>	No
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<b>Do you have RP?</b>	Yes
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<b>RP - How Many</b>	7
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<b>RP - Tested</b>	0
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<b>RP - Passed</b>	0
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**RP - Failed** 0

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**% Tested**

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**RP - Comments** lack of time

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**Do you have any DC?** Yes

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**DC - How Many** 80

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**DC - Tested** 1

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**DC - Passed** 1

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**DC - Failed** 0

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**DC - Comments** lack of time

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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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