

# 2018 Annual Summary Report (ASR)

Row 50

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**Primary**

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**Entered** **Data Online** **Water System Name** CANYON CITY WATER DEPARTMENT, 41-00165**ASR Contact** Canyon City**Email Address** tocc1862@centurylink.net**Contact Phone Number** 541-575-0509**Residential Connections** 314**High Hazard Connections** 0**Other Connections** 0**Enabling Authority** Yes**Revised Enabling Authority** No**CCCS Name** Les Percy**CCCS Information** Water System Employee, or**CCCS Cert #** 4787**CCCS Phone** 541-620-0193**CCCS Email** tocc1862@centurylink.net

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<b>Current written backflow prevention program plan?</b>	Yes
<b>BFPP - list of high hazards</b>	Yes
<b>BFPP - Procedure</b>	Yes
<b>BFPP Notify Water User</b>	Yes
<b>BFPP - Type of Protection</b>	Yes
<b>BFPP - Corrective Action</b>	Yes
<b>BFPP - Current records</b>	Yes
<b>BFPP - Public Education</b>	No
<b>Do you have RP?</b>	Yes
<b>RP - How Many</b>	10
<b>RP - Tested</b>	10
<b>RP - Passed</b>	9
<b>RP - Failed</b>	1
<b>% Tested</b>	
<b>RP - Comments</b>	Device was replaced with new and tested.
<b>Do you have any DC?</b>	Yes
<b>DC - How Many</b>	12
<b>DC - Tested</b>	12
<b>DC - Passed</b>	12
<b>DC - Failed</b>	0

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**DC - Comments** 1 could not be tested because there was no water supply.

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**Do you have any PVBs?** Yes

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**PVB - How Many** 10

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**PVB - Tested** 10

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**PVB - Passed** 9

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**PVB - Failed** 1

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**PVB - Comments** Device was replaced and tested.

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**I certify**

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**Column47**

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