

# 2018 Annual Summary Report (ASR)

Row 93

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**Primary**


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**Entered** 


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**Data Online** 


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**Water System Name** ENTERPRISE, CITY OF, 41-00278
 

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**ASR Contact** Shawn Young
 

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**Email Address** Shawnyoung1313@gmail.com
 

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**Contact Phone Number** 541-398-1275
 

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**Residential Connections** 1280
 

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**High Hazard Connections** 15
 

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**Other Connections** 12
 

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**Enabling Authority** Yes
 

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**Revised Enabling Authority** No
 

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**CCCS Name** Shawn Young
 

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**CCCS Information** Water System Employee, or
 

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**CCCS Cert #** 4359
 

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**CCCS Phone** 541-398-1275
 

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**CCCS Email** Shawnyoung1313@gmail.com
 

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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>	Yes
<b>Do you have RP?</b>	Yes
<b>RP - How Many</b>	37
<b>RP - Tested</b>	37
<b>RP - Passed</b>	37
<b>RP - Failed</b>	0
<b>% Tested</b>	
<b>RP - Comments</b>	
<b>Do you have any DC?</b>	Yes
<b>DC - How Many</b>	156
<b>DC - Tested</b>	125
<b>DC - Passed</b>	123
<b>DC - Failed</b>	2

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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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