

# 2018 Annual Summary Report (ASR)

Row 105

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**Primary**

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**Entered** **Data Online** **Water System Name** FOSSIL, CITY OF, 41-00307**ASR Contact** William**Email Address** public\_works@cityoffossil.com**Contact Phone Number** 541-763-2698**Residential Connections** 243**High Hazard Connections** 3**Other Connections** 41**Enabling Authority** Yes**Revised Enabling Authority** No**CCCS Name****CCCS Information****CCCS Cert #****CCCS Phone****CCCS Email**

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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**

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**RP - Tested**

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**RP - Passed**

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**RP - Failed**

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**% Tested            #DIVIDE BY ZERO**

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**RP - Comments**

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**Do you have  
any DC?            Yes**

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**DC - How Many    2**

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**DC - Tested            2**

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**DC - Passed            2**

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**DC - Failed            0**

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**DC - Comments** Grade School has installed two double checks on their irrigation/sprinkler system. These double checks are installed on Grade school property not city property.

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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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