

2018 Annual Summary Report (ASR)

Row 163

Primary

Entered **Data Online** **Water System Name** HOOD RIVER, CITY OF, 41-00385**ASR Contact** Jeanne Suiste**Email Address** jeanne@ci.hood-river.or.us**Contact Phone Number** 541-387-5223**Residential Connections** 2928**High Hazard Connections** 250**Other Connections** 401**Enabling Authority** Yes**Revised Enabling Authority** No**CCCS Name** Rick Peargin**CCCS Information** Water System Employee, or**CCCS Cert #** 1755**CCCS Phone** 541-387-5220**CCCS Email** rick@ci.hood-river.or.us

Current written backflow prevention program plan?	Yes
BFPP - list of high hazards	Yes
BFPP - Procedure	Yes
BFPP Notify Water User	Yes
BFPP - Type of Protection	Yes
BFPP - Corrective Action	Yes
BFPP - Current records	Yes
BFPP - Public Education	Yes
Do you have RP?	Yes
RP - How Many	250
RP - Tested	250
RP - Passed	250
RP - Failed	17 - all assemblies were repaired or replaced; tested again and passed
% Tested	
RP - Comments	17 - all assemblies were repaired or replaced; tested again and passed
Do you have any DC?	Yes
DC - How Many	847
DC - Tested	847
DC - Passed	847

DC - Failed 31 - all assemblies were repaired or replaced; tested again and passed

DC - Comments 31 - all assemblies were repaired or replaced; tested again and passed

Do you have any PVBs? Yes

PVB - How Many 6

PVB - Tested 6

PVB - Passed 6

PVB - Failed 1 - assembly was replaced; tested again and passed

PVB - Comments 1 - assembly was replaced; tested again and passed

I certify

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