

# 2018 Annual Summary Report (ASR)

Row 203

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**Primary**


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**Entered** 


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**Data Online** 


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**Water System Name** LOWELL, CITY OF, 41-00492
 

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**ASR Contact** Max Baker
 

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**Email Address** mbaker@ci.lowell.or.us
 

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**Contact Phone Number** 541-937-2776
 

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**Residential Connections** 422
 

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**High Hazard Connections** 4
 

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**Other Connections** 18
 

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**Enabling Authority** Yes
 

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**Revised Enabling Authority** No
 

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**CCCS Name** Thomas Von Flatern
 

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**CCCS Information** Water System Employee, or
 

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**CCCS Cert #** 6210
 

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**CCCS Phone** 541-520-3117
 

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**CCCS Email** tvonflatern@ci.lowell.or.us
 

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**Current written backflow prevention program plan?** Yes
 

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<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>	13
<b>RP - Tested</b>	10
<b>RP - Passed</b>	10
<b>RP - Failed</b>	1
<b>% Tested</b>	
<b>RP - Comments</b>	2 (two) RPs removed from system. 1 (one) RP is vacant and water is off. Failed RP passed after repairs.
<b>Do you have any DC?</b>	Yes
<b>DC - How Many</b>	34
<b>DC - Tested</b>	33
<b>DC - Passed</b>	33
<b>DC - Failed</b>	1
<b>DC - Comments</b>	1 (one) DC removed from system Failed DC passed after repairs
<b>Do you have any PVBs?</b>	No
<b>PVB - How Many</b>	

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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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