

2018 Annual Summary Report (ASR)

Row 373

Primary**Entered** ☐**Data Online** ☐**Water System Name** OAKLAND, CITY OF, 41-00581**ASR Contact** James M Hart**Email Address** jhartoakland@gmail.com**Contact Phone Number** 541-580-6617**Residential Connections** 545**High Hazard Connections** 3**Other Connections****Enabling Authority** Yes**Revised Enabling Authority** No**CCCS Name** James M Hart**CCCS Information** Water System Employee, or**CCCS Cert #** 5604**CCCS Phone** 541-580-6617**CCCS Email** jhartoakland@gmail.com**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	3
RP - Tested	3
RP - Passed	3
RP - Failed	0
% Tested	
RP - Comments	We have not identified all RP's due to lack of staff resources. The existing are School District Boiler, Waste treatment plant and water treatment plant.
Do you have any DC?	Yes
DC - How Many	2
DC - Tested	2
DC - Passed	2
DC - Failed	0
DC - Comments	We have not identified all home DC type due to lack of staff resources. The existing are City park and waste water plant.
Do you have any PVBs?	No

PVB - How Many	
PVB - Tested	
PVB - Passed	
PVB - Failed	
PVB - Comments	We have not identified PVB due to lack of staff resources
I certify	<input checked="" type="checkbox"/>
Column47	