

# 2018 Annual Summary Report (ASR)

Row 344

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**Primary**


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**Entered** 


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**Data Online** 


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**Water System Name** VALLEY VIEW WATER DISTRICT, 41-00661
 

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**ASR Contact** Tina Dolan
 

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**Email Address** tina.dolan@tvwd.org
 

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**Contact Phone Number** 503-848-3029
 

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**Residential Connections** 406
 

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**High Hazard Connections** 0
 

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**Other Connections** 6
 

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**Enabling Authority** Yes
 

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**Revised Enabling Authority** No
 

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**CCCS Name** Tina Dolan
 

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**CCCS Information** Contracted Service
 

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**CCCS Cert #** 1002
 

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**CCCS Phone** 503-848-3029
 

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**CCCS Email** tina.dolan@tvwd.org
 

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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>	12
<b>RP - Tested</b>	13
<b>RP - Passed</b>	12
<b>RP - Failed</b>	1
<b>% Tested</b>	
<b>RP - Comments</b>	
<b>Do you have any DC?</b>	Yes
<b>DC - How Many</b>	187
<b>DC - Tested</b>	186
<b>DC - Passed</b>	183
<b>DC - Failed</b>	3
<b>DC - Comments</b>	
<b>Do you have any PVBs?</b>	Yes
<b>PVB - How Many</b>	1

**PVB - Tested**    1

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**PVB - Passed**    1

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**PVB - Failed**    0

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**PVB -  
Comments**

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**I certify**           

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**Column47**

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