

2018 Annual Summary Report (ASR)

Row 1

Primary

Entered **Data Online** **Water System Name** LAKESHORE TERRACE, 41-00746**ASR Contact** brad Owens**Email Address** lakeshoretterraceWater@gmail.com**Contact Phone Number** 503-302-8697**Residential Connections** 26**High Hazard Connections** 0**Other Connections** 0**Enabling Authority** Yes**Revised Enabling Authority** No**CCCS Name**

**CCCS
Information**

CCCS Cert #

CCCS Phone

CCCS Email

**Current written
backflow
prevention
program plan?**

**BFPP - list of
high hazards**

**BFPP -
Procedure**

**BFPP Notify
Water User**

**BFPP - Type of
Protection**

**BFPP -
Corrective
Action**

**BFPP - Current
records**

**BFPP - Public
Education**

**Do you have
RP?** No

RP - How Many N/A

RP - Tested N/A

RP - Passed	N/A
RP - Failed	N/A
% Tested	#INVALID OPERATION
RP - Comments	
Do you have any DC?	No
DC - How Many	N/A
DC - Tested	N/A
DC - Passed	N/A
DC - Failed	N/A
DC - Comments	
Do you have any PVBs?	No
PVB - How Many	N/A
PVB - Tested	N/A
PVB - Passed	N/A
PVB - Failed	N/A
PVB - Comments	
I certify	<input checked="" type="checkbox"/>
Column47	