

# 2018 Annual Summary Report (ASR)

Row 209

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**Primary**

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**Entered** **Data Online** **Water System Name** MCLAIN VILLAGE WATER DEPT, 41-00765**ASR Contact** Rick Hood**Email Address** rhood0375@gmail.com**Contact Phone Number** 503-949-0828**Residential Connections** 21**High Hazard Connections** 0**Other Connections** 3**Enabling Authority** Yes**Revised Enabling Authority** No

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**CCCS Name**

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**CCCS Information**

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**CCCS Cert #**

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**CCCS Phone**

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**CCCS Email**

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**Current written backflow prevention program plan?**

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**BFPP - list of  
high hazards**

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**BFPP -  
Procedure**

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**BFPP Notify  
Water User**

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**BFPP - Type of  
Protection**

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**BFPP -  
Corrective  
Action**

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**BFPP - Current  
records**

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**BFPP - Public  
Education**

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**Do you have  
RP?            Yes**

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**RP - How Many    2**

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**RP - Tested        2**

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**RP - Passed        2**

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**RP - Failed        0**

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**% Tested            100%**

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**RP - Comments**

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**Do you have  
any DC?            No**

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**DC - How Many**

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**DC - Tested**

---

**DC - Passed**

---

**DC - Failed**

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**DC - Comments**

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**Do you have  
any PVBs?        No**

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**PVB - How  
Many**

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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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