

# 2018 Annual Summary Report (ASR)

Row 291

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**Primary**


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**Entered** 


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**Data Online** 


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**Water System Name** SCIO, CITY OF, 41-00795
 

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**ASR Contact** Kostanty Knurowski
 

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**Email Address** PO Box 37
 

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**Contact Phone Number** 503-394-3342
 

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**Residential Connections** 362
 

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**High Hazard Connections** 8
 

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**Other Connections** 47
 

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**Enabling Authority** Yes
 

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**Revised Enabling Authority** No
 

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**CCCS Name** Tom Van Gelder
 

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**CCCS Information** Contracted Service
 

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**CCCS Cert #** 5289
 

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**CCCS Phone** 503-551-8156
 

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**CCCS Email** dutchmanbackflow@hotmail.com
 

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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>	No
<b>Do you have RP?</b>	Yes
<b>RP - How Many</b>	13
<b>RP - Tested</b>	13
<b>RP - Passed</b>	13
<b>RP - Failed</b>	0
<b>% Tested</b>	
<b>RP - Comments</b>	
<b>Do you have any DC?</b>	Yes
<b>DC - How Many</b>	54
<b>DC - Tested</b>	54
<b>DC - Passed</b>	54
<b>DC - Failed</b>	0
<b>DC - Comments</b>	
<b>Do you have any PVBs?</b>	Yes
<b>PVB - How Many</b>	1

<b>PVB - Tested</b>	1
<b>PVB - Passed</b>	1
<b>PVB - Failed</b>	0
<b>PVB - Comments</b>	
<b>I certify</b>	<input checked="" type="checkbox"/>
<b>Column47</b>	