

# 2018 Annual Summary Report (ASR)

Row 26

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**Primary**

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**Entered** **Data Online** **Water System Name** AVION WC - WILD RIVER, 41-00975**ASR Contact** Mary Safranek**Email Address** mary@avionwater.com**Contact Phone Number** 541-948-2291**Residential Connections** 128**High Hazard Connections** 0**Other Connections** 0**Enabling Authority** Yes**Revised Enabling Authority** No**CCCS Name****CCCS Information****CCCS Cert #****CCCS Phone****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?**      No

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**RP - How Many**

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**RP - Tested**

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**RP - Passed**

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**RP - Failed**

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**% Tested**      #DIVIDE BY ZERO

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**RP - Comments**

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**Do you have any DC?**      Yes

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**DC - How Many**      100

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**DC - Tested**      97

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**DC - Passed**      97

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**DC - Failed**      4

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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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