

# 2018 Annual Summary Report (ASR)

Row 220

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**Primary**

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**Entered** **Data Online** **Water System Name** MOUNTAIN VIEW MOBILE ESTATES, 41-01125**ASR Contact** Scott Mullens**Email Address** scottm@fcpcmgmt.com**Contact Phone Number** 503-610-1507**Residential Connections** 42**High Hazard Connections** 0**Other Connections** 0**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?**      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?**      No

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**DC - How Many**

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**DC - Tested**

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**DC - Passed**

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**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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