

# 2018 Annual Summary Report (ASR)

Row 25

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**Primary**

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**Entered** ☒**Data Online** ☐

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**Water System Name** AVION WC - TUSCARORA, 41-01155

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**ASR Contact** Mary Safranek

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**Email Address** mary@avionwater.com

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**Contact Phone Number** 541-948-2291

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**Residential Connections** 53

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**High Hazard Connections** 0

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**Other Connections** 0

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**Enabling Authority** Yes

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**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?**

**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**

**RP - Tested**

**RP - Passed**

**RP - Failed**

**% Tested #DIVIDE BY ZERO**

**RP - Comments**

**Do you have  
any DC? Yes**

**DC - How Many 38**

**DC - Tested 38**

**DC - Passed 38**

**DC - Failed 0**

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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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