

# 2018 Annual Summary Report (ASR)

Row 21

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**Primary**

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**Entered** **Data Online** **Water System Name** AVION WC - SOUTH REDMOND HEIGHTS, 41-01230**ASR Contact** Mary Safranek**Email Address** mary@avionwater.com**Contact Phone Number** 541-948-2291**Residential Connections** 89**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?

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 40

DC - Tested 40

DC - Passed 40

DC - Failed 1

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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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