

# 2018 Annual Summary Report (ASR)

Row 88

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**Primary**

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**Entered** **Data Online** **Water System Name** DUPLEX VILLAGE WATER SYSTEM, 41-01397**ASR Contact** KATHLEEN STILWELL**Email Address** kat3857@comcast.net**Contact Phone Number** 503-399-0591**Residential Connections** 44**High Hazard Connections** 0**Other Connections** 0**Enabling Authority** Yes**Revised Enabling Authority** No**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**

---

**DC - Passed**

---

**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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