

<b>Water System Name and PWS ID#</b>	IMBLER, CITY OF, 41-01418
<b>System Size</b>	Small System, 1-299 connections
<b>Date Report was Received</b>	03/30/21 5:22 PM
<b>ASR Contact</b>	City of Imbler
<b>Email Address</b>	imblercity@oregonwireless.net
<b>Contact Phone Number</b>	541-534-6095
<b>Residential Connection</b>	136.00
<b>High Hazard Connection</b>	0
<b>Other Connections</b>	8
<b>Total Connections</b>	144
<b>Enabling Authority</b>	Yes
<b>Did you revise your Enabling Authority?</b>	No
<b>This section for LARGE Systems Only</b>	
<b>Cross Connection Specialist</b>	
Specialist Cert #	
WS Employee/Contracted	
Phone #	
Email Address	
<b>Written Backflow Protection Program</b>	
Written BFP program plan?	
List of high hazards	
Procedure	
Notify Water Users	
Type of Protection	
Corrective Action	
Current Records	
Public Education	

<p>Do you have any RPs? <sup>No</sup></p> <p>How many <sup>0</sup></p> <p>Tested</p> <p>Passed</p> <p>Failed</p> <p>% of RPs tested</p> <p>Comments</p>
<p>Do you have any DCs? <sup>No</sup></p> <p>How many <sup>0</sup></p> <p>Tested</p> <p>Passed</p> <p>Failed</p> <p>% of DCs tested</p> <p>Comments</p>
<p>Do you have any PVBs? <sup>No</sup></p> <p>How many <sup>0</sup></p> <p>Tested</p> <p>Passed</p> <p>Failed</p> <p>% of PVBs Tested</p> <p>Comments</p>

I certify the information provided is true <sup>true</sup>  
to the best of my knowledge. Providing  
false information may result in penalties  
to the individual and to the water system