

# 2018 Annual Summary Report (ASR)

Row 148

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**Primary**

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**Entered** ☒**Data Online** ☐

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**Water System Name** HILAND WC - HILLVIEW, 41-05917

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**ASR Contact** Devin Geiger

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**Email Address** devin@hilandwater.com

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**Contact Phone Number** 503-554-8333

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**Residential Connections** 15

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**High Hazard Connections** 0

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**Other Connections** 0

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**Enabling Authority** No, please attach a copy below

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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 5

DC - Tested 5

DC - Passed 5

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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