

# 2018 Annual Summary Report (ASR)

Row 86

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**Primary**

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**Entered** **Data Online** **Water System Name** DRY CREEK AIRPARK, 41-06110**ASR Contact** Bob Bronson**Email Address** BobBronson444@gmail.com**Contact Phone Number** 541-447-2777**Residential Connections** 26**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?**

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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?            Yes**

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**DC - How Many    23**

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**DC - Tested            22**

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**DC - Passed            21**

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**DC - Failed            1**

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**DC - Comments** 1. For the system where the DCVA test failed, the system was shut off at the DCVA. 2. The device that was not tested is not connected directly to the HOA's water distribution system.

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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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