



BACKFLOW PREVENTION CHECKLIST

System ID No.: - E- - - -	Owner:	Oper./Mgr.:
Type of System: 1	Address:	Address:
Date (System Check): / / 16	City: State: WA ZIP:	City: ZIP:
County:	Telephone: (509) - Ext.:	Telephone: (509) - Work

Delivery System	Water Supply	Location of Backflow Safety Device
<input checked="" type="checkbox"/> Center Pivot <input type="checkbox"/> Linear Move <input type="checkbox"/> Solid Set <input type="checkbox"/> Wheel Line <input type="checkbox"/> Traveling Gun <input type="checkbox"/> Trickle/Micro Drip <input type="checkbox"/> Rill/Furrow <input type="checkbox"/> Flood	<input type="checkbox"/> Single Well <input type="checkbox"/> Multiple Wells <input type="checkbox"/> River <input type="checkbox"/> Stream/Creek <input type="checkbox"/> Irrigation Ditch <input type="checkbox"/> Lake/Pond <input type="checkbox"/> Containment Pond <input type="checkbox"/> Public System	¼ ¼ Sec. Twp. Rg. Other: Block: Farm Unit: Lat: N - . Lng: W - .

Backflow Prevention System	Present		Satisfactory		N/A
	Yes	No	Yes	No	
Site Observation:					
Mainline check valve (Model:)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspection port (4" minimum diameter or alternative inspection system)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Located between irrigation mainline check valve and irrigation pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Alternative system:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low pressure drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Located between irrigation mainline check valve and irrigation pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Drain orifice does not extend above inside surface of pipe and of adequate size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Seepage discharged ≥ 10 feet from water source (clear plastic tube suggested)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacuum relief valve (between check valve and irrigation pump, adequate size)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulic discontinuity or sufficient hydraulic gradient in source water flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Application Tank	Yes	No	Yes	No	N/A
Placement					<input type="checkbox"/>
• Placed ≥20 feet and down gradient from off-farm water source or sensitive area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diversion structure in-place if tank is located up gradient of water source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Secondary containment option applied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Size (in the absence of a secondary containment structure)					<input type="checkbox"/>
• Chemigation					<input type="checkbox"/>
♦ Maximum tank volume less than 2,500 gallons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
♦ Cumulative capacity per injection site less than 3,000 gallons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
♦ Soil Fumigant: 6,500-gallon maximum product, maximum 8,000-gallon tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fertigation					<input type="checkbox"/>
♦ Maximum tank volume less than 6,500 gallons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
♦ Cumulative capacity per injection site less than 10,000 gallons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time-in-Place (end of application or irrigation season)					<input type="checkbox"/>
• Secondary containment structure or decommissioned tank	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

Inspector's Comments and Required Action

Comments

Required Action

Inspector's Signature: _____	<input type="checkbox"/> Initial Check <input type="checkbox"/> Revisit	Reinspection No.: Reinspection Date: / /	<input type="checkbox"/> Approved As-Is
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