



SUBSTITUTED TECHNOLOGY CHECKLIST

System ID No.: - E- - - -	Owner:	Oper./Mgr.:
Type of System: 1	Address:	Address:
Date (System Check): / / 15	City: State: WA ZIP:	City: ZIP:
County:	Telephone: (509) - Ext.	Telephone: (509) -

Backflow Prevention System

Site Observation:	Present		Satisfactory		N/A
	Yes	No	Yes	No	
Gooseneck pipe loop	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
• Located in main water line downstream of irrigation pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Bottom side of pipe loop apex >30" above highest water emitting device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Air/vacuum relief valve at the apex of the pipe loop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Pesticide injection port located downstream of the pipe loop apex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Injection port located >30" below bottom side of the pipe loop apex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Air gap system (≥4x of fill pipe diameter above highest possible reservoir level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water source higher than any part of the irrigation system			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Product Injection System

Venturi System					<input type="checkbox"/>
• Booster or auxiliary pumps interconnected with system interlock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Venturi constructed of pesticide-resistant material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Option 1: Venturi system inserted directly into main water line					<input type="checkbox"/>
Product line from supply tank to the venturi contains a:					
◆ functional, automatic, quick closing check valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
◆ check valve located immediately adjacent to venturi product inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
◆ normally closed solenoid-operated valve connected to system interlock or a normally closed hydraulically operated valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Option 2: Venturi system installed in a bypass system					<input type="checkbox"/>
Bypass system contains a:					
◆ functional, automatic, quick closing check valve in product line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
◆ check valve installed immediately upstream of venturi water inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
◆ normally closed solenoid or hydraulically operated valve installed immediately downstream of venturi water outlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Human Interlock and Metering System (Fertigation only)					<input type="checkbox"/>
• Individual is continuously present, alert, and knowledgeable about system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Inspector's Comments, Required Action, and Alternative Devices

The Washington State Department of Agriculture may exempt specific irrigation systems or locations from antipollution safety device requirements as specified in WAC 16-202-1001, Chemigation, and WAC 16-202-2001, Fertigation. Approved alternative technology must meet the function of each waived requirement [Statutory Authority: Chapters 15.58 and 17.21 RCW]. The responsible applicator must ensure that all antipollution prevention devices are compliant with current state law.

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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