Application Form—CCC Program

**Backflow Incident Report Form**

331-457-F • June 2024

Note: Use this form to comply with WAC 246-290-490(8)(g).

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| **Part 1: Public Water System (PWS) Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PWS ID | |  | | | | | | | PWS Name | | | | | | |  | | | | | | | | | | | County | | | | | | | Choose an item. |
|  | |  | | | | | | |  | | | | | | |  | | | | | | | | | | |  | | | | | | |  |
| **Part 2: Backflow Incident Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A. Incident Identification** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incident Date | | Date | | | | | | | | Incident Time | | | | | | | | | | Enter Time | | | | | *Incident ID (ODW Use Only)* | | | | | | | | Internal ID# | |
| **B. Information on Premises where Backflow Originated** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Premises | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | |
| Premises Physical Address | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | |
| City | Enter Text | | | | | | | | | | | | Zip Code | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | |
| Premises Type | | | | Non-Residential | | | | | | | | | Residential | | | | | | | | | | | | | | | | | | | | | |
| Premises category/description (Table 13 formerly Table 9 category,\* if applicable) | | | | | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | |
| Most Recent Hazard Evaluation Prior To Incident *(mm/dd/yyyy)* | | | | | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | None | | | |
| PWS’s Assessed Hazard Level | | | | | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | |
| Premises Isolation Required by PWS? Yes  No | | | | | | | | | | | | | | | | | | | | | | PWS Relies on In-Premises Protection? Yes  No | | | | | | | | | | | | |
| Type of Backflow Preventer Required by PWS | | | | | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | |
| Other Hazard Evaluation Information | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *\*See WAC 246-290-490(4)(b)(i).* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **C. Backflow Discovery Method** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How was the backflow discovered? Check all that apply. | | | | | | Direct observation  Meter running backwards  Water use decrease  Disinfectant residual monitoring  Water quality monitoring | | | | | | | | | | | | | | |  | | Water quality complaint  Illness/injury complaint  Result of Investigation  Other (Describe) | | | | | | | Click or tap here to enter text. | | | | |
| By whom was the incident reported to the PWS? | | | | | | PWS Personnel  Premises Owner/Occupant  Other PWS Customer  Backflow Assembly Tester | | | | | | | | | | | | | | |  | | Other (Please Specify) | | | | | | | Click or tap here to enter text. | | | | |
| **D. Contaminant Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contaminant Type (Check all that apply.) | | | | | | Microbiological | | | | | | | |  | | | | | Chemical | | | |  | | | | Physical |  | | | | | | |
| Describe contaminant (for example, the organism name, chemical, etc.). Please attach lab analysis or MSDS, if available. | | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | |
| **E. Extent and Effects of Contamination** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Estimated extent of contamination | | | | | | | | | | | | | | | | | Contained within Premises  Entered PWS Distribution System | | | | | | | | | | | |  | | | | | |
| Estimated number of connections affected | | | | | | | | | | | | | | | | | Residential  Non-residential | | | | | | | | | | | | Click or tap here to enter text.  Click or tap here to enter text. | | | | | |
| Estimated population affected or at risk | | | | | | | | | | | | | | | | | Residential  Non-residential | | | | | | | | | | | | Click or tap here to enter text.  Click or tap here to enter text. | | | | | |
| Number of water quality complaints | | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | |
| Describe water quality complaints | | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | |
| Number of illnesses reported | | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | |
| Describe Illnesses/irritation (specifics, if known) | | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | |
| Number of physical injuries (i.e., burns) or irritations (e.g., rashes) cases reported | | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Part 3: Public Water System (PWS) Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A. Source of Contamination** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Source of contaminant or fixture type (Check all that apply.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Air conditioner/heat exchanger | | | | | | | | | | | | | | |  | | | Industrial/commercial process water/fluid | | | | | | | | | | | | | |  | | |
| Auxiliary water supply | | | | | | | | | | | | | | |  | | | Medical/dental fixture | | | | | | | | | | | | | |  | | |
| Beverage machine | | | | | | | | | | | | | | |  | | | Reclaimed water system | | | | | | | | | | | | | |  | | |
| Boiler, hot water system | | | | | | | | | | | | | | |  | | | Swimming pools, spa | | | | | | | | | | | | | |  | | |
| Chemical injector/aspirator | | | | | | | | | | | | | | |  | | | Wastewater (sewage) system | | | | | | | | | | | | | |  | | |
| Fire protection system | | | | | | | | | | | | | | |  | | | Other (specify) | | | | | | | | Click or tap here to enter text. | | | | | | | | |
| Irrigation system (PWS supplied) | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | |
| **B. Distribution System Pressure Conditions in the Vicinity of the Backflow Incident** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Backflow Type | | | Backsiphonage | | | | | | | | | Backpressure | | | | | | | | | | | | | | | | | | | | | | |
| Typical distribution system pressure in vicinity of incident (if range, enter lower end of range) | | | | | | | | | | | | | | | | | | Click or tap here to enter text. psi | | | | | | | | | | | | | | | | |
| **Main/pressure status at time of incident (Check all that apply.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Normal | | | | |  | | | Source/plant outage | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Main break | | | | |  | | | Scheduled water shutoff by PWS | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Firefighting | | | | |  | | | Unscheduled/emergency shutoff | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Other high usage | | | | |  | | | Unknown | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Power outage | | | | |  | | | Other (specify) | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | |
| **Describe causes and circumstances leading to backflow incident.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **C. Backflow Preventer Information/Installation/Approval Status at Site of Backflow** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complete the tables in C and D for the premises isolation preventer for either of the following situations:   * If a premises isolation backflow preventer is installed and the contaminant entered the PWS distribution system. * If the premises isolation assembly is the only backflow preventer at the site.   In all other cases, complete tables in C and D for the in-premises backflow preventer installed at the fixture. If more than one backflow preventer was involved in the backflow incident, copy tables C and D and complete them for the additional preventer(s | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If no backflow preventer was installed at the time the incident occurred, check this box  and go directly to Part 4. Don’t fill out the tables below (C and D).** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Backflow Preventer Information | | | | | | | | | | | Type Installed | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | |
| Installed For | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | |
| Make | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | |
| Model | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | |
| Size | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | |
| Serial Number | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | |
| Date Installed | | | | | | | | Click or tap to enter a date. | | | | | | | | | | | | | | | |

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| Installation Status. Check all that Apply. | Properly installed/plumbed | | | |  | |
| Improperly installed/plumbed | | | |  | |
| Improperly protected bypass present | | | |  | |
| If so, explain | | | | Click or tap here to enter text. | |
| Commensurate with assessed degree of hazard? | Yes  No | If not, explain. Click or tap here to enter text. | | | | |
| DOH/USC-approved at time of backflow incident? | Yes  No | If not, approved when installed? Yes  No | | | | |
| **D. Backflow Preventer Inspection/Testing Information at Site of Backflow** | | | | | | |
| Most recent inspection/test information prior to backflow incident. Attach test report(s), if available. | Not test report on record. | | | | |  |
| Date tested/inspected. | | | | | Click or tap to enter a date. |
| Passed test/inspection *without* repairs. | | | | |  |
| Failed initial test/inspection, passed *after* repair. | | | | |  |
| Failed test/inspection, no repairs made. | | | | |  |
| Inspection/test information after backflow incident [per WAC 246-290-490(7)(b)]. Attach test report. | Not tested/inspected. | | | | |  |
| Date tested/inspected. | | | | | Click or tap to enter a date. |
| Passed test/inspection *without* repairs. | | | | |  |
| Failed initial test/inspection, passed *after* repair. | | | | |  |
| Failed test/inspection, no repairs made. | | | | |  |
| Backflow Preventer failure information, if applicable. Check all that apply. | Fouled check | |  | | | |
| Debris | |  | | | |
| Weather-related damage | |  | | | |
| Damaged seat | |  | | | |
| Other | | Click or tap here to enter text. | | | |
| If preventer failed inspection/test, did failure allow backflow? | Yes  No | If yes, explain. Click or tap here to enter text. | | | | |
|  | | | | | | |
| **Part 4: Corrective Action/Notification** | | | | | | |
| Action *taken* by PWS to restore water quality. Check all that apply. | None | | |  | | |
| Flushed/cleaned mains | | |  | | |
| Flushed/cleaned plumbing | | |  | | |
| Disinfected mains | | |  | | |
| Disinfected plumbing | | |  | | |
| Other treatment (describe) | | | Click or tap here to enter text. | | |
| Replaced mains | | |  | | |
| Replaced plumbing | | |  | | |
| Other | | | Click or tap here to enter text. | | |

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| Action *ordered* by PWS to correct cross-connection. Check all that apply. | None | | | | |  | | | | | |
| Eliminate cross-connection | | | | |  | | | | | |
| Remove by-pass | | | | |  | | | | | |
| Install new preventer  For premises isolation  For fixture protection | | | | |  | | | | | |
| Change existing preventer  Repair/replumb …..……  Reinstall correctly …......  Replace with same type  Upgrade type | | | | |  | | | | | |
| Other | | | | | Click or tap here to enter text. | | | | | |
| Action ordered accomplished? | Yes |  | | Date | Click or tap to enter a date. | | | | | | |
| No |  | | Explain | Click or tap here to enter text. | | | | | | |
| Agency notifications per WAC 246-290-490(8)(f). Check all that apply. | DOH | | | | | | |  | | | |
| Local Health Agency | | | | | | |  | | | |
| Local Administrative Authority | | | | | | |  | | | |
| Issued by end of next business day | | | | | | | Click or tap here to enter text. | | | |
| Notifications of consumers in area of incident (check all that apply) | Population at risk | | | | | | | |  | | |
| Public Notification (PN per DOH regs) | | | | | | | |  | | |
| Boil Water Advisory | | | | | | | |  | | |
| Other (describe) | | | | | | | | Click or tap here to enter text. | | |
| Other enforcement/corrective actions (describe). | Click or tap here to enter text. | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Part 5: Cost of Backflow Incident *(Optional)*** | | | | | | | | | | | |
| Item | | | PWS Personnel Hours Expended | | | | Cost to PWS ($) | | | Cost to Premises Owner ($) | |
| Investigation | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | Click or tap here to enter text. | |
| Restoration of Water Quality | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | Click or tap here to enter text. | |
| Correction of Cross-Connection Situation | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | Click or tap here to enter text. | |
| Litigation and/or Settlement | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | Click or tap here to enter text. | |
| Other Not Included in Above | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | Click or tap here to enter text. | |
|  | | | | | | | | | | | |
| **Part 6: Further Information/Documentation** | | | | | | | | | | | |
| Additional information about this incident such as pictures, sketches, newspaper/journal articles, water quality analyses, epidemiological reports, etc. is helpful. Provide information in electronic or hard copy form. | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | |

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| **Part 7: Form Completion Information** | | | | |
| Note: Form should be completed by a person currently certified as a Cross-Connection Control Specialist. | | | | |
| I certify that the information provided in this Backflow Incident Report is complete and accurate to the best of my knowledge. | | | | |
| CCC Program Manager Name | | Click or tap here to enter text. | | |
| Title | | Click or tap here to enter text. | | |
| CCS Certification Number | | Click or tap here to enter text. | | |
| Signature | |  | | |
| Date | Click or tap to enter a date. | | | |
| Phone | Click or tap here to enter text. | | | |
| Email | Click or tap here to enter text. | | | |
| I have reviewed this report and certify that the information is complete and accurate to the best of my knowledge. | | | | |
| PWS Manager/Representative Name | | | Click or tap here to enter text. | |
| Title | | | Click or tap here to enter text. | |
| Operator Certification Number | | | Click or tap here to enter text. | |
| Signature | | |  | |
| Date | | | Click or tap to enter a date. | |
|  | | | | |
| **Please send completed backflow incident form to:**  **Mail**  Washington State Department of Health  Office of Drinking Water—CCC Program Manager  P O Box 47822  Olympia, WA 98504-7822  **Email** [cccprogram@doh.wa.gov](mailto:cccprogram@doh.wa.gov?subject=CCC%20Incident%20Report)  Please send any form questions, comments, or suggestions to the address above or email [cccprogram@doh.wa.gov](mailto:cccprogram@doh.wa.gov?subject=CCC%20Incident%20Report). | | | | |

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