THE GROUP

Western Washington Cross Connection Prevention Professionals

JANUARY 2020 NEWSLETTER

The Group

PO Box 75223

Seattle, WA 98125

www.backflowgroup.org

OFFICER CONTACT INFORMATION

CHAIR: Brian Gumke bgumke@nud.net	**Northshore Utility District**	**425-398-4419**
VICE CHAIR: Mick Holte mholte@rentonwa.gov	**City of Renton**	**425-430-7207**
TREASURER: Dennis McLaughlin d.p.mclaughlin@outlook.com	**Retired BAT**	**206-364-9531**
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PAST CHAIR: Jeff Kobylk jeff.kobylk@edmondswa.gov	**City of Edmonds**	**425-275-4514**
WEBMASTER: Wednesday Smith wwccppwebmaster@gmail.com	**Batgirl Backflow Testing, LLC**	**206-948-0484**

January's Group meeting was held at WETRC's Main Campus in Auburn. Thank you, Scott Hemingway, for hosting this month. The meeting was called to order at 10:15am by Chair Brian Gumke, introductions were made and those in attendance were: Dale Baxmann Seattle Public Utilities, Fred Foreman City of DuPont Public Works, Chair Brian Gumke Northshore Utility District, Scott Hemingway WETRC, Vice Chair Mick Holte City of Renton, Past Chair Jeff Kobylk City of Edmonds, Bill Kuhlman Silver Lake Water & Sewer District, Treasurer Dennis McLaughlin Retired, Tony Peredo Rainier View Water, Ursulla Ronscavage City of Bonny Lake, Webmaster Wednesday Smith Batgirl Backflow Testing, Carla Snyder Coal Creek Utility District, Josh Van Quaethem 5 Star Backflow Service, Justin Moore City of Dupont Public Works, Lance Ordonez BAT, and Secretary Katarina Hirai Silver Lake Water & Sewer District. The Group Treasurer Dennis reported the Group's account balance as of January 15, 2020 was $31,576.76 with costs this last month being pizza for the planning meeting ($205.26), securing the Group's Domain for 5 years ($85.00), office supplies ($37.97), and rental of Brightwater for the BAT Forum ($341.00). Income this month was from web advertisement ($100) and dues ($70).

Dennis started the meeting with an update on this year's field trip. Jim Nilson has generously offered to host a tour of the Tolt River Treatment Plant. There will be a requirement to RSVP for this tour in July as we may need to split into groups for the tour. Carpooling will be encouraged as parking is limited. Dennis also contacted John Rose with the Department of Ecology to speak at the Group's April meeting in Skagit where we will discuss water rights and their implications in cross connection control.

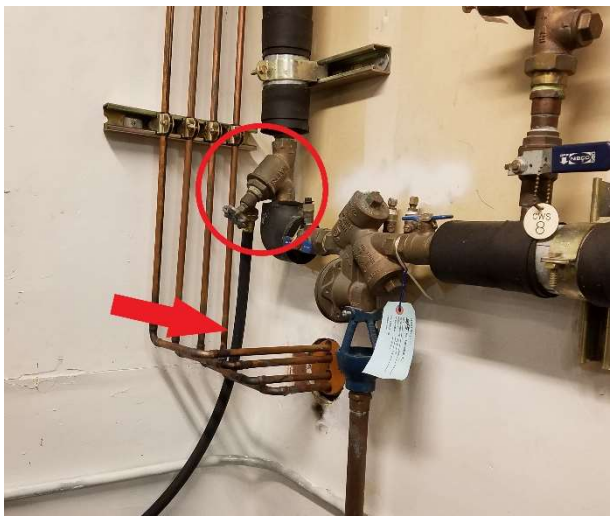
Scott Hemingway then gave an update on the BAT Forum planning. The BAT Forum this year will be at Brightwater Treatment Center in Woodinville with the focus of the forum on education for BATs and their businesses. There will be presentations from the Small Business Development Center regarding small business support. Bill Bernier will speak about the future of BAT Professional Growth and present with Scott Hemingway on how purveyors and BATs can work together. Lastly, Chris Sutton is working towards having a presentation regarding fire lines from an insurance provider's point of view. Chair Brian Gumke inquired about catering for the BAT Forum. The Group decided we would cater theevent through Panera and provide attendees with coffee, juice, bagels, and pastries similar to thecatering that was provided at last year's BAT Forum by La Quinta.

Next on the agenda was the meeting's topic of site surveys. Scott Hemingway gave a presentation outlining the water system at Green River Community College, where WETRC has its main campus. The City of Auburn administers a program of premises isolation. The college is classified as a distribution system by the City of Auburn and is fed by three meters. The City of Auburn does not track all the backflow assemblies on campus. Two of the meters have protection with DCVAs while the newest meter at the north end of campus has an RPBA. Currently, the City of Auburn grants an exception to the college for the two DCVAs, but there has been discussion of upgrading these assemblies to RPBAs, commensurate to the degree of hazard posed by the college's facilities. As of now, the city grants an exception to the college for the two DCVAs since the cost of retrofitting the two connections is vast. Therefore, the water purveyor, City of Auburn, does not require the testing of the downstream assemblies installed at the college. However, because the college is a State-owned property, the Department of Enterprise Services does require the college to test all the installed assemblies.

Meeting attendees were then guided by Scott to several mechanical rooms at the college to participate in a site survey. Copies of site survey worksheets and documents submitted by Group members were available to attendees to utilize during this practical exercise. These documents have been added at the end of this newsletter as well. The first mechanical room surveyed provided an example of a

potential cross connection as a hose bib had been plumbed into the main water line upstream of buildings domestic assembly. The next mechanical room, in the Science building, provided an example of complex plumbing with pipe runs for not only domestic water, but lab water, domestic hot water, and domestic hot water return. An essential part of a successful site survey is having a knowledgeable site representative to assist with any questions about processes and plumbing alterations or additions.

The next mechanical room, in the Technology Center, provided an example of a cross connection. A hose had been attached to a hose bib plumbed before the RPBA and then connected to a pump in order to prime the pump.



The last mechanical room, in Salish Hall, provided an example of improperly installed DCVAs. The assemblies are installed on their sides, which is an improper orientation for large size assemblies as they are only allowed to be rotated one bolt in either direction. Thank you again to Scott for providing this unique opportunity to Group members.

The meeting concluded with a drawing for an oil painting created by Treasurer Dennis McLaughlin. Congratulations Lance Ordonez!

The meeting adjourned at 12:02pm.

The Group's next meeting will be at 10am on February 19th and the topic will be the ASR with Bill Bernier. The meeting will be held at the City of Milton, 1000 Laurel Street in Milton. Please bring your questions for Bill regarding the completion of the Annual Summary Report.

Remember to renew your membership dues for 2020 if you haven't already; you can check your membership status here.

Hope to see you at the next meeting!

Katarina Hirai
2020 Group Secretary

Prevalence of Cross-Connections in Household Plumbing

Survey Form

USC ID # _____

Survey Location

Name Mr. Mrs. Miss _____

Street Address _____

City _____ *State* _____ *Zip* _____

Phone (_____) _____ FAX (_____) _____

Contact person upon arrival Mr. Mrs. Miss _____

Arrival Time _____ am/pm Departure Time _____ am/pm

Service Connection(s) & Number	Water Meter Size
☐ Domestic _____	☐ 5/8" ☐ _" ☐ 1" ☐ other _____
☐ **Irrigation** _____	☐ **5/8"** ☐ **_"** ☐ **1"** ☐ **other** _____
☐ Fire _____	☐ 5/8" ☐ _" ☐ 1" ☐ other _____

Building Height - Number of Stories: ☐ One ☐ Two ☐ Three

Basement: ☐ Yes ☐ No

Water Usage		Cross-Connection? *No* *Yes - **Dir**ect or **Ind**irect*			Protection ***AG, AVB, PVB, SVB RP, DC, DuCh,DCAP*** *(1)*	Installation Acceptable (2)		Permanent or Temporary (3)	
		No	**Dir**	**Ind**		**Yes**	**No**	**Perm**	**Temp**
☐	Auxiliary water supply								
	☐ Water well- pressure tank	☐	☐	☐		☐	☐	☐	☐
	☐ Storage tank	☐	☐	☐		☐	☐	☐	☐
	☐ Other _____	☐	☐	☐		☐	☐	☐	☐
Comments:									
☐	**Fire Sprinkler System**								
	☐ Anti-freeze	☐	☐	☐		☐	☐	☐	☐
	☐ Storage tank	☐	☐	☐		☐	☐	☐	☐
	☐ Other _____	☐	☐	☐		☐	☐	☐	☐
Comments:									
☐	Irrigation System	☐	☐	☐		☐	☐	☐	☐
	☐ Chemical Injection	☐	☐	☐		☐	☐	☐	☐
	☐ Booster Pumps	☐	☐	☐		☐	☐	☐	☐
	☐ Other _____	☐	☐	☐		☐	☐	☐	☐
Comments:									

Water Usage	Cross-Conn			Type of Protection	Proper		Perm	Temp
	No	Dir	Ind		Yes	No		
☐ Heating/Cooling Equipment								
☐ Water Heater T& P Valve ☐Yes ☐No	☐	☐	☐		☐	☐	☐	☐
☐ Boiler	☐	☐	☐		☐	☐	☐	☐
☐ Geo-thermal heating	☐	☐	☐		☐	☐	☐	☐
☐ Heat Exchanger	☐	☐	☐		☐	☐	☐	☐
☐ Humidifier	☐	☐	☐		☐	☐	☐	☐
☐ Hydronic Heat	☐	☐	☐		☐	☐	☐	☐
☐ Snow Melt System	☐	☐	☐		☐	☐	☐	☐
☐ Solar Heating	☐	☐	☐		☐	☐	☐	☐
☐ Water cooled equip	☐	☐	☐		☐	☐	☐	☐
☐ Other _____	☐	☐	☐		☐	☐	☐	☐
Comments:								
☐ Kitchen Facilities								
☐ Faucet	☐	☐	☐		☐	☐	☐	☐
☐ Pull out spray head	☐	☐	☐		☐	☐	☐	☐
☐ Dishwasher - Inlet	☐	☐	☐		☐	☐	☐	☐
Outlet	☐	☐	☐		☐	☐	☐	☐
☐ Icemaker	☐	☐	☐		☐	☐	☐	☐
☐ Other _____	☐	☐	☐		☐	☐	☐	☐
Comments:								
☐ **Laundry**								
☐ Washing machine	☐	☐	☐		☐	☐	☐	☐
☐ Wash Sink	☐	☐	☐		☐	☐	☐	☐
☐ Portable Equipment	☐	☐	☐		☐	☐	☐	☐
☐ Other _____	☐	☐	☐		☐	☐	☐	☐
Comments:								
☐ Sewage System								
☐ Sewage Ejectors	☐	☐	☐		☐	☐	☐	☐
☐ RV Flushing Facilities	☐	☐	☐		☐	☐	☐	☐
☐ Bathroom #1 - Sink	☐	☐	☐		☐	☐	☐	☐
☐ Bathtub/Shower	☐	☐	☐		☐	☐	☐	☐
☐ Toilet/Bidet	☐	☐	☐		☐	☐	☐	☐
☐ Bathroom #2 - Sink	☐	☐	☐		☐	☐	☐	☐
☐ Bathtub/Shower	☐	☐	☐		☐	☐	☐	☐
☐ Toilet/Bidet	☐	☐	☐		☐	☐	☐	☐
☐ Bathroom #3 - Sink	☐	☐	☐		☐	☐	☐	☐
☐ Bathtub/Shower	☐	☐	☐		☐	☐	☐	☐
☐ Toilet/Bidet	☐	☐	☐		☐	☐	☐	☐
☐ Other _____	☐	☐	☐		☐	☐	☐	☐
Comments:								

Water Usage	Cross-Conn			Type of Protection	Proper		Perm	Temp
	No	Dir	Ind		Yes	No		
☐ Swimming Pool/Spa								
☐ Fill Line	☐	☐	☐		☐	☐	☐	☐
☐ Other _____	☐	☐	☐		☐	☐	☐	☐
Comments:								
☐ Tanks, Vats, other Vessels								
☐ Water Softener - Inlet	☐	☐	☐		☐	☐	☐	☐
Outlet	☐	☐	☐		☐	☐	☐	☐
☐ Other _____	☐	☐	☐		☐	☐	☐	☐
Comments:								
☐ **Outdoor Hose bibbs**								
☐ #1 -	☐	☐	☐		☐	☐	☐	☐
☐ #2 -	☐	☐	☐		☐	☐	☐	☐
☐ #3 -	☐	☐	☐		☐	☐	☐	☐
☐ #4 -	☐	☐	☐		☐	☐	☐	☐
☐ **Other** _____	☐	☐	☐		☐	☐	☐	☐
Comments:								

Other Actual or Potential Cross-Connections :

_____

_____

Type of Chemicals observed on-site:

_____

_____

All internal cross-connections protected? ☐ Yes ☐ No	Surveyor _____ Signature _____ **Date of Survey** _____

USC Research Team Data Base		Transferred to
Type of Cross-Conn _____	Hazard	Date:

Attachment #1

Detailing for Survey Form

(1) Protection - Type of Backflow Protection Present

AG - Air gap

Break *- Air break*

AVB- Atmospheric Vacuum Breaker

PVB - Pressure Vacuum Breaker
SVB - Spill-Resistant Pressure Vacuum Breaker
RP - Reduced Pressure Principle Assembly
DC - Double Check Valve Assembly
DuCh - Dual Check
DCAP - Dual Check with Atmospheric Port

(2) Installation Acceptable -

Yes *- General compliance with installation criteria (ref - Iowa Plumbing Code)*

Proper Elevation for AVB, PVB, SVB
Proper Clearances
Accessibility for testing/maintenance

No - Non-compliance with installation criteria

(3) Permanent or Temporary Connection

Perm - Permanently or rigidly affixed with piping/tubing

Temp *- Temporary connection*

Appendix C

The Recommendation Form

Prevalence of Cross-Connections in Household Plumbing

Recommended Corrections

Thank you for participation in this important study. During the water use survey of your residence, the surveyor has identified actual or potential cross connections. Below are suggested recommendations to correct these cross connections.

Water Usage	Location	Cross connection	Recommended Correction *

* 1. Install approved/listed hose bib vacuum breaker
2. Install approved/listed antisiphon ballcock
3. Install approved/listed reduced pressure principle backflow prevention assembly

Residental Backflow Survey

CITY OF KIRKLAND
Cross-Connection Control Program
123 Fifth Ave
Kirkland WA 98033
(425) 587-3913

Pre or Final Inspection
Date: _____
Time: _____
Follow Required ☐ Y ☐ N
If yes, when?

Location Address: _____ **Account #** _____

Contact Person: _____ **Phone:** _____

Owner: _____ **Phone:** _____

METER:
Meter Location: _____ Problems: _____
Remote Location: _____ Problems: _____

IRRIGATION: **Circle one below:**

Seperate meter for irrigation? ☐ Yes ☐ No Main Connection or Service Line

Backflow Assembly in Place? ☐ Yes ☐ No Type/Size: _____

Make _____ Model _____ Ser # _____

Tester Name _____ Tester Cert# _____ Test Date: _____

BOILER / FIRE SYSTEM / OTHERs:

Make/Model/Size _____ Use _____ Ser # _____
current test? ☐ Yes ☐ No

Make/Model/Size _____ Use _____ Ser # _____
current test? ☐ Yes ☐ No

Make/Model/Size _____ Use _____ Ser # _____
current test? ☐ Yes ☐ No

Water Heater Expansion Tank? ☐ Yes ☐ No On Demand ☐

Drain Lines Airgapped? ☐ Yes ☐ No

Comments: _____

Required Corrections: _____

Surveyor: Wednesday M. Smith Specialist Certification: 14021

Signature: _____ Date _____
Signature indiciates approval to initiate water service

Commercial Backflow Survey

CITY OF KIRKLAND
Cross-Connection Control Program
123 Fifth Ave
Kirkland WA 98033

☐ Compliant - OK
☐ Requested Compliance
(See Comments) Due by: _____
☐ Post-Survey Letter Sent: _____

Appointment
/ /
:

Other observations: _____

Business Name: _____

Address: _____

Contact Person: _____ **Phone:** _____

Business Activity: **Water Account #:**

Mailing Address:(If different than above)	Mailing Contact: Phone Number: ( )

Water Usage	Existing Protection Y	Existing Protection N	Detail of Hazard

Expansion Tank	Y or N		Meter Size/Location:
Water Heater or On Demand	Y or N		Meter Serial#

	Present on Site Y	Present on Site N	Device Y	Device N
HEATING/COOLING SYS				
Boilers				
Chiller				
Cooling Towers				
Refrigeration				
Solar Panels				
Swamp Cooler				
Fire sprinkler system				
Other _____				
INDUSTRIAL FLUIDS				
Process Equipment				
Booster/Circ Pumps				
Steam Lines				
Priming Lines				
Other _____				
RESTROOM/JANITORIAL				
Toilets/Urinals				
Sinks				
Janitor Sink				
Chemical Dispensers				
Overhead Spray				
Other _____				
LAWN IRRIGATION				
Underground Sprinkler				
Drip Irrigation				
Chemical Injection				
InsecticideSprayer (on hose)				
Decorative pond				
Other _____				

	Present on Site Y	Present on Site N	Device Y	Device N
KITCHEN				
Coffee Urns				
Dishwasher				
Chemical Dispenser				
Water Inlet Garbage Disposal				
Steam Table				
Soft Drink Carbonator				
Overhead Spray				
Sinks				
Bain-Marie with water inlet				
Ice Cream Dipper Well				
Ice Machine				
Walk-in refrig condenser drain				
Other _____				
MISCELLANEOUS				
Laundry/Dry Clean				
Water Softener				
R. O. Unit				
Air Scrubber				
Photo Processing				
Printing Equipment				
Swimming Pool				
Tanks, Vats - Non Potable				
Hose Bibbs				
Spa/Jacuzzi/Hot tub				
Unidentified Piping				
Aquarium				
Auxiliary water supply, well				
Non Potable Water Service				
Radiator Flushing equipment				
Other _____				

Existing Devices

Make/Model	Type	Size	Use	Serial Number	Location	Last Test Date

Additional Comments: _____

Surveyor Name: Wednesday M. Smith	Cert# 14021

Surveyor Signature: _____ Date: _____

Multi-Family / Commercial / Industrial Facility
Degree of Hazard Evaluation Form

Date of Survey: _____

Survey completed by: _____ CCS certification No: _____

Additional Surveyor: _____ CCS certification No: _____

Name of Facility: _____
Address of Facility: _____
Name of Contact: _____
Phone No. of Contact: _____
Type of Facility: _____
No. of Service Connections: _____

Type & Size of Service Connections:

☐ Potable water supply:
Existing Backflow Protection? ☐ Yes. ☐ No.
If yes, type of existing backflow protection: _____
If yes:
Is the existing backflow protection appropriate for the degree of hazard? ☐ Yes. ☐ No.
Is the backflow protection properly installed ☐ Yes. ☐ No.

☐ Fire sprinkler system water supply:
Existing Backflow Protection? ☐ Yes. ☐ No.
If yes, type of existing backflow protection: _____
If yes:
Is existing backflow protection appropriate for the degree of hazard? ☐ Yes. ☐ No.
Is the backflow protection properly installed ☐ Yes. ☐ No.

☐ Landscape irrigation sprinkler system water supply:
Existing Backflow Protection? ☐ Yes. ☐ No.
If yes, type of existing backflow protection: _____
If yes:
Is existing backflow protection appropriate for the degree of hazard? ☐ Yes. ☐ No.
Is the backflow protection properly installed ☐ Yes. ☐ No.

☐ Other service connections: ☐ Yes. ☐ No.
(List on separate page & attach to report.)

Multi-Family / Commercial / Industrial Facility
Degree of Hazard Evaluation Form

Service Connection Cross-connections identified from Plan Review:

* Use additional sheets as needed

Location (Building, Area, etc.)	Use of water (Domestic, Fire, Irrigation, etc.)	Assessed degree of hazard	Backflow protection Requirement

Service Connection Cross-connections identified from On Site Water Use Survey:

* Use additional sheets as needed

Location (Building, Room, Area, etc.)	Use of water (Domestic, Fire, Irrigation, etc.)	Assessed degree of hazard	Backflow protection Required Recommended

Determine the need for service protection:

Is service protection required? ☐ Yes. ☐ No.

If yes, type & location of backflow protection required:

* Use additional sheets as needed

Location (Building, Area, etc.)	Type Water Service	Type of Backflow Protection Required	Location to be installed

Multi-Family / Commercial / Industrial Facility
Degree of Hazard Evaluation Form

Is In-Premise backflow protection accepted in lieu of service protection?

☐ Yes. ☐ No.

If yes;

Type & location of In-Premise backflow protection accepted:

* Use additional sheets as needed

Location (Building, Area, etc.)	In Premise Cross-connection Identified	Type of Backflow Protection Accepted	Location to be installed

If no;

Is additional In-Premise backflow protection recommended?

☐ Yes. ☐ No.

If Yes;

Type & location of In-Premise backflow protection recommended:

* Use additional sheets as needed

Location (Building, Area, etc.)	Backflow protection requirement	Type of Backflow Protection Recommended	Location to be installed

If RPBA(s) required / recommended, has customer been informed of the possibility of damage from assemblies installed without adequate drain system?

☐ Yes. ☐ No.

If service protection is required, has the customer been informed of the need for expansion tank on hot water tanks?

☐ Yes. ☐ No.

(May be desirable for customer to indicate awareness of these requirements by signing and dating acknowledgement).

Date Customer informed of requirements and recommendations by letter:

_____

Date customer in compliance: _____

Month annual testing assigned: _____

Year scheduled for re-survey: _____

Multi-Family / Commercial / Industrial Facility
Degree of Hazard Evaluation Form

Additional Notes:

Date of Survey: _____

Survey completed by: _____ CCS certification No: _____

Additional Surveyor: _____ CCS certification No: _____

Name of Facility: _____

Address of Facility: _____

Remarks:

Multi-Family / Commercial / Industrial Facility
Degree of Hazard Evaluation Form

The following water uses were observed:

	Yes	No		Yes	No
Air conditioning system			Chemical feed tank *(industrial process)*		
Air washer			Chemical feed *(commercial cleaners)*		
Aquarium make-up water			Chlorinators		
Aspirator, chemical *(Herbicide, pesticide,)*			Computer cooling lines		
Aspirator, Medical / lab			Condensate tanks		
Autoclave			Cooling towers		
Autopsy table			Decorative ponds		
Auxiliary Water System *(Well, pond, creek, other)*			Degreasing equipment		
Baptismal fountain			Dental equipment / cuspidors		
Bathtub, below rim filler			Dialysis equipment		
Bedpan washer			Dye vats and tanks		
Beverage dispenser *(post-mix Co_2)*			Etching tanks		
Boiler feed lines			Fermenting tanks		
Bottle washing equipment			Fertilizer injection		
Box hydrant *(irrigation)*			Film processors		
Tall Building tall *(three stories or more)*			Fire Department pumper connection		
Car wash			Fire system *(with booster pump)*		
Fume hoods *(lab)*			Fire system *(without chemicals)*		
Heat exchangers			Fire system (with antifreeze or chemicals)		
Heat pumps			Livestock drinking tanks		
High pressure washers			Make-up tanks		
Hot tubs			Photo developing sinks / tanks		
Hot water heating boilers			Pump prime lines		

Seattle Public Utilities

Cross-Connection Control Survey Report

Inspector Name **DALE BAXMANN**

Initial Date:	**09/13/2017**	Acct Number	**123456**
Company:	**AAAA PRACTICE FACILITY**	Meter Number	
Service Address:	**1313 MOCKINGBIRD LANE**	Premise ID	**123456**
Phone:	Contact: HERMAN MUNSTER	Service Address City	
Type of Business:			
Next Inspection:		**Violation Qty**	**3**

General Comments

*** 09/06/2017 - 1:19 PM BAXMAND ***
Contacted Lilly to schedule site visit.
Email address is morgue@ghoul.com
Updated phone number 555-1212
According to our records there is no premise isolation or record of internal protection. There have been reports of large amounts of water being consumed by customer and neighbors complaining of strange farting odors and activities. This triggered a full site survey request.

Deficiencies

Seattle Public Utilities (SPU) and King County Health Department (KCHD) are the administrative authorities engaged in a joint program identifying actual and potential cross-connections between public water supply and possible sources of contamination. The control of cross-connection is accomplished in two basic methods.

1. PREMISES ISOLATION: SPU is responsible for protection of the public water system. This is done by requiring backflow protection at the service connection..
2. IN-PREMISES ISOLATION- KCHD is responsible for all backflow protection requirments within the premises.

Cross-Connection Control Survey/Inspection Report

Facility Name **AAAA PRACTICE FACILITY**

Requirements

BOILER

RPB

CITY WATER TO CARBONATION EQUIPMENT REQUIRE BACKFLOW PROTECTION. INSTALL A WASHINGTON STATE APPROVED REDUCED PRESSURE BACKFLOW ASSEMBLY (RPBA) ON WATER SUPPLY TO CARBONATION EQUIPMENT, AND COPPER PIPING IS NOT ALLOWED DOWN STREAM OF THE BACKFLOW ASSEMBLY.

CITY WATER TO DISHWASHER WITH SUBMERGED INLET AND/ OR CHEMICAL ADDITION SYSTEM REQUIRES A WASHINGTON STATE APPROVED REDUCED PRESSURE BACKFLOW ASSEMBLY (RPBA). INSTALL A RPBA ON WATER SUPPLY TO DISHWASHER UPSTREAM OF CHEMICAL ADDITION.

ICE MACHINE

Ice machines requires backflow protection. If ice machine has a water cooled condesing unit, intall a Washington state approved RPBA on water supply to condesing unit. If the machince has an internal air gap, install a RPBA on water supply.

A required on Boiler's with chemical addition, make-up water, supplying heating systems, supplying non-potable systems, not dual-walled leak protected.

Check List

Item	Yes	No	NA	Qty	Notes
HAZARD PROTECTION					
PREMISE ISOLATION					
Systems Labeled					
BFP Assemblies Required					
Written Violation					

Cross-Connection Control Survey/Inspection Report

Facility Name **AAAA PRACTICE FACILITY**

Survey Items Found

- [ ] > 30' _____
- [ ] Agricultural (farms and dairies) _____
- [ ] AIR & WATER STATION _____
- [ ] AIR COMPRESSOR _____
- [ ] AIR CONDITIONING _____
- [ ] Alternative health out-patient clinics _____
- [ ] ANIMAL CAGE WASHER _____
- [ ] ANIMAL WATER _____
- [ ] AQUARIUM _____
- [ ] ASSISTED LIVING, BOARDING HOUSES _____
- [ ] AUTOPSY TABLE _____
- [ ] AUXILLARY WATER / UNAPPROVED SUPPLY _____
- [ ] BAPTISMAL FONT _____
- [ ] BEVERAGE & BOTTLING PLANT _____
- [ ] Beverage bottling plants _____
- [ ] BIOPSY ROOM (COLD / HOT WATER) _____
- [ ] Blood centers _____
- [ ] BOILER _____
- [ ] Both reclaimed and potable water _____
- [ ] BREWERIES / WINERIES _____
- [ ] CAN WASHER _____
- [ ] CAR WASH _____
- [ ] CARBONATOR _____
- [ ] CART WASHER _____
- [ ] CARWASHES _____
- [ ] CHEMICAL ADDITION _____
- [ ] CHEMICAL PLANTS _____
- [ ] CHEMICAL PROCESSING TANKS _____
- [ ] CHEMICAL STERILIZER _____
- [ ] CHEMICAL WASHDOWN _____
- [ ] Childbirth centers _____
- [ ] CHILLER WATER _____
- [ ] CHIROPRACTORS W/X-RAY _____
- [ ] CHLORINE INJECTOR _____
- [ ] CLINIC _____
- [ ] COMBI OVEN _____
- [ ] COMMERCIAL _____
- [ ] COMMERCIAL LAUNDRIES AND DRY CLEAI _____
- [ ] COMPUTER COOLING _____
- [ ] CONDENSOR _____
- [ ] COOLING LOOP _____
- [ ] Cooling Towers _____
- [ ] D.I. WATER _____
- [ ] Decorative Ponds _____
- [ ] DENTAL CHAIR _____
- [ ] Dental clinics and offices _____
- [ ] DENTAL EQUIPMENT _____
- [ ] DENTAL VACUUM _____
- [ ] Dentist _____
- [ ] DIALYSIS MACHINE _____
- [ ] DISHWASHER _____
- [ ] DISPOSAL _____
- [ ] DOCK WATER _____
- [ ] DOMESTIC _____
- [ ] DOMESTIC BY-PASS _____
- [ ] Dual Service Interconnected _____
- [ ] ENDOSCOPY _____
- [ ] ESPRESSO MACHINE _____
- [ ] EYE WASH _____
- [ ] FERTILIZER _____
- [ ] FILM PROCESSING _____
- [ ] Film processing facilities _____
- [ ] FIRE & DOMESTIC ENTERTIE _____
- [ ] FIRE HOSE REEL _____
- [ ] FIRE HYDRANT _____
- [ ] FIRE SPRINKLER _____
- [ ] FIRE SPRINKLER - COMMERCIAL _____
- [ ] FIRE SPRINKLER - INDUSTRIAL _____
- [ ] FIRE SPRINKLER - MIXED USE _____
- [ ] FIRE SPRINKLER - RESIDENTIAL _____
- [ ] FIRE SPRINKLER BY-PASS _____
- [ ] FIRE SYSTEM W/ CHEMICAL ADDITION _____
- [ ] FIRE SYSTEM WITH UNAPPROVED AUX SU _____
- [ ] FISH HATCHERY _____
- [ ] Food & Bev. Processing _____
- [ ] FOOD PROCESSING AREA _____
- [ ] Food processing plants _____
- [ ] FOUNTAIN FEATURE _____
- [ ] FUME HOOD _____
- [ ] GLASS WASHER _____

Cross-Connection Control Survey/Inspection Report

Facility Name **AAAA PRACTICE FACILITY**

Site Map

Seattle Public Utilities

AAAA PRACTICE FACILITY

HERMAN MUNSTER
AAAA PRACTICE FACILITY
1313 MOCKINGBIRD LANE

Seattle Public Utilities
Qty: 1
Service Address Contac HERMAN MUNSTER
Phone:

Acct Num: 123456

Assembly ID	46774	Meter Number		Schedule Code			**1**
Service Address	1313 MOCKINGBIRD LANE			SN		Mfg BADG	Size 1"
				Type	RPDA-II	Model	
Location				Install Date	03/08/2019		
Premise ID				Last Test		Next Test	03/08/2019
Contact Name	HERMAN MUNSTER			☐ Confined Space		☐ Freeze Protect	
Map Page		Emergency Ph:		Hazard Type			
				Line PSI	0		

Assembly ID	0	Meter Number		Schedule Code			**2**
Service Address				SN		Mfg BADG	Size 1"
				Type	RPDA-II	Model	
Location				Install Date			
Premise ID				Last Test		Next Test	
Contact Name				☐ Confined Space		☐ Freeze Protection	
Map Page		Emergency Ph:		Hazard Type			
				Line PSI	0		