



**City of DuPont**  
**Public Works Water Quality**  
1700 Civic Drive DuPont, WA 98327  
(253) 964-8121 fax (253) 912-5102  
fforeman@dupontwa.gov  
www.dupontwa.gov

## HOME OWNER INSTALL LANDSCAPE IRRIGATION CHECK LIST

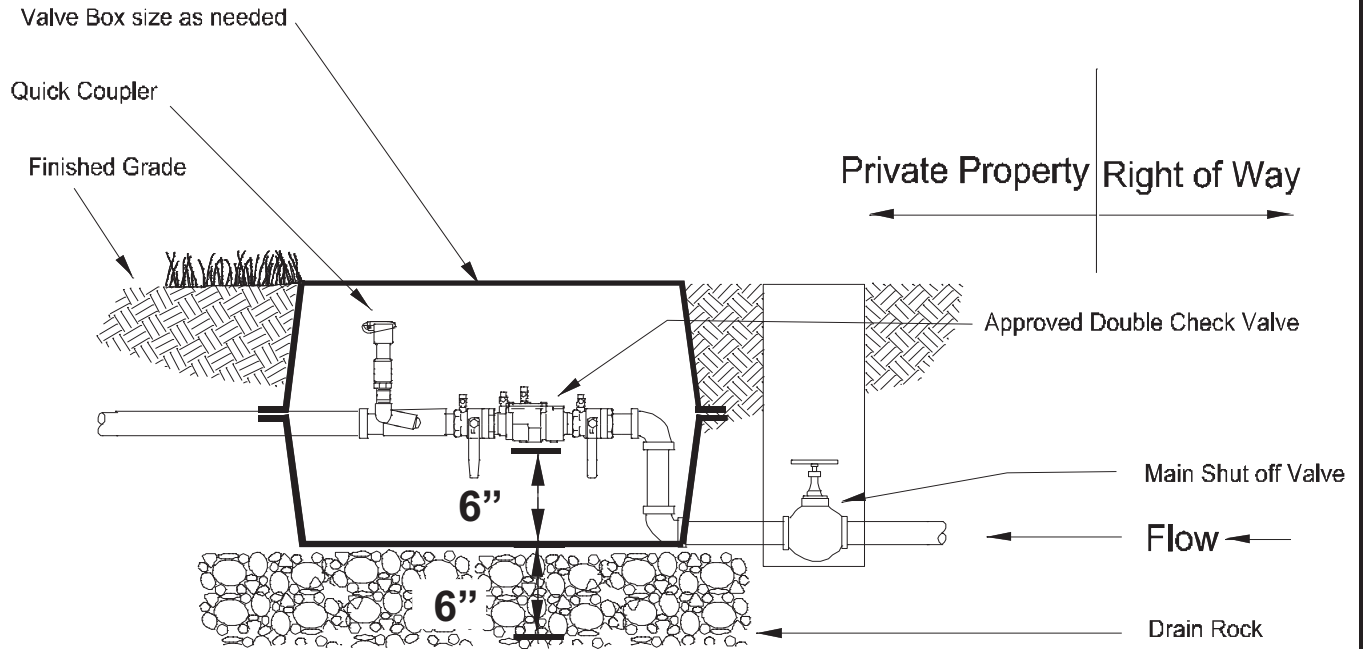
### Note for system designer

Current static water pressure may exceed 80 PSI. The City's water pressure will drop as development occurs. It is anticipated that pressure will drop by 20 PSI: the City will only guarantee 40 PSI at the property line.

Homes with residential fire sprinklers must limit zone size to 10 GPM without evaluation of the impact to the fire sprinkler system.

- Apply for plumbing permit.
- Call for utility locates 811
- Install backflow preventer and point of connection on private property.
- Call to schedule inspections for point of connection and backflow installation **BEFORE** backfilling.
- Contact state certified backflow tester.
- Supply Public Works Water Quality with backflow test report **BEFORE** the system is put to use.

Plumbing permit for irrigation  
\$30 filling fee  
\$10 per fixture (1 backflow preventer)  
\$40 (Total)



Not to scale

Inspections required

- 1) Point of connection to potable supply drip tight
- 2) Proper Backflow Installation
- 3) Completed Backflow Test Report

- City of DuPont Irrigation/Backflow or Plumbing Permit before commencing work
- Contractors must have valid State license *and* City of DuPont Business License
- Point of connection shall be on private property
- All control valves shall be on private property
- Limit zone size to 10 GPM, Homes with Residential Fire Sprinklers
- **DO NOT COVER UNTIL INSPECTED**
- One business day advance notice required for inspections
- Applicant is responsible for submitting backflow test report
- Main shut off valves SHALL remain off until a passing backflow test report has been submitted

Permitting and Inspections  
253-964-8121

RESIDENTIAL IRRIGATION BACKFLOW PREVENTER

Standard Details

**CITY OF DUPONT**

Sheet  
1 of 1



# Application for PLUMBING PERMIT

## Building Services Division

1700 Civic Drive · DuPont, WA 98327

P: (253) 912-5217 · F: (253) 964-1455

www.dupontwa.gov

Permit Number: \_\_\_\_\_

Application is hereby made for permit to do the following work:  Commercial  Residential

New Installation  Addition  Replacement  Irrigation/Backflow Device

### DESCRIPTION OF WORK

<b>Project Address:</b>	<b>Parcel Number:</b>
<b>Owner of Building:</b>	<b>Phone Number:</b> (    )
<b>Mailing Address</b> (if different from Project address):	

<b>Applicant:</b> <i>(contractor, fill out next section)</i>	<b>Phone Number:</b> (    )
<b>Address:</b>	
<b>Contact Person:</b>	<b>Email:</b>
	<b>Phone Number:</b> (    )

<b>Contractor:</b>	<b>Phone Number:</b> (    )
<b>Address:</b>	
<b>State Contractor Number:</b>	<b>City Business Licence:</b>
<b>Project Contact Person:</b>	<b>Phone Number:</b> (    )

Quantity		Quantity		Quantity	
	Backflow Device		Hose Bibbs		Sink/Drain
	Bath Tubs		Laundry Drain		Urinal
	Dishwasher		Lavatory		Water Closet
	Drinking Fountain		Roof Drain		Water Heater
	Floor Drain		Shower		Other _____

<u>SCHEDULE OF FEES</u> (OFFICE USE ONLY)	I certify that I am the: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Agent
<b>Filing fee</b> \$ <b>30.00</b>	I hereby certify that I have read and examined this application and state that the above information is correct. I agree to comply with all City Ordinances and State Laws, whether specified herein or not.  ***By leaving the contractor information section blank, I hereby certify further that contractors (General or Subcontractors) will not be hired to perform any work in association with this permit.
Fixture Count <i>Residential</i> _____ @ \$10/fixture \$ _____	
<i>Commercial</i> _____ @ \$15/fixture \$ _____	
<i>Subtotal</i> \$ _____	
Plan Review Fee (75% of Permit Fee) \$ _____ <b>(Due @ submittal)</b>	
Deposit Rec't# _____ \$ _____	_____
<b>TOTAL</b> \$ _____	<b>Applicant / Authorized Agent Signature</b> <b>Date</b>
	_____
	<b>Printed Name</b>

**Return Test Reports To:**

Attn: Water Quality  
 City of DuPont PW  
 1700 Civic Drive  
 DuPont WA 98327  
 •Fax 253-912-5102  
 •fforeman@dupontwa.gov



# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

**City of DuPont**

Assembly ID		Facility Name			
Acct Number		Meter #		Test Report Due:	
Service Address				Schedule Code	
				Assembly Info (Replacement/Correction)	
Equip Location		SN		<input type="checkbox"/>	
Location ID		Protection Type		Mfr	
Contact Name		Ph		Type	
Map Page		#2		Size	
				Model	
				Install Date	
				Permit Num	
<input type="checkbox"/> Confinement	<input type="checkbox"/> Freeze Protection	Hazard Type		Haz. Level	

Line pressure at time of test: \_\_\_\_\_

**REPORT OF TEST RESULTS**

Approved BFP

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves	
<b>Initial Test</b>	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Air Inlet Opened at _____ PSID		#1 #2
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did not Open	Closed Tight	<input type="checkbox"/> <input type="checkbox"/>
<b>Pass</b>	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked		<input type="checkbox"/> Check Held at _____ PSID	Leaked	<input type="checkbox"/> <input type="checkbox"/>
<b>Fail</b>				<input type="checkbox"/> Leaked		
<b>R E P A I R</b>	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	CLEANED REPLACED REPAIR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Air Inlet Disc		
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Air Inlet Spring		
	<input type="checkbox"/> Guide	<input type="checkbox"/> Guide	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Check Disc		
	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Check Spring		
	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Float		
	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Diaphragm		
	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit		
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Other	<input type="checkbox"/> <input type="checkbox"/>

Other/Notes: \_\_\_\_\_  USC 10th Edit.

<b>Final Test</b>	_____ PSID	_____ PSID	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID	Closed Tight	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	_____ PSID	CK Valve _____ PSID	<b>Pass</b>	<input type="checkbox"/>

**THE ABOVE REPORT IS CERTIFIED TO BE TRUE:**

1A

Initial Test By	Certificate	Date:	Gauge Num		Company	Phone
Final Test By						
Repair By						

**Return Test Reports To:**

Attn: Water Quality  
 City of DuPont PW  
 1700 Civic Drive  
 DuPont WA 98327  
 •Fax 253-912-5102  
 •fforeman@dupontwa.gov

**City of DuPont**

## Certified Backflow Prevention Assembly Tester List

Tester Name/Company	Address	City/ST/Zip	Phone	Certification
Aaron Roberts Landscapes by Dan LLC	10002 Farwest Dr. SW.	Lakewood WA 98498	(253) 312-1363	B5936 12/31/19
BACKFLO PRO'S BACKFLO PRO'S, INC	855 Trosper RD SW, #108-230	Tumwater WA 98503	(360) 951-6130	B4475 12/31/19
BACKFLOWS ONLY Formerly Budget Backflow	Mybackflow@gmail.Com	University Pl. WA 98466	(253) 606-4104	B3415 12/31/19
Campbell Underground LLC Mark Campbell	Markacampbell4@comcast.Net	Puyallup WA 98375	(253) 606-1301	B6652 12/31/19
Chris Sutton Backflows Northwest Inc.	Chris@backflowsnorthwest.Com	Spanaway WA 98387	(253) 720-0262	B5225 12/31/19
David Foy Affordable Washington Backflow	Info@wabackflowllc.Com		(360) 333-2057	B5134 12/31/19
James Dravis DM Backflow Testing	PO BOX 11082	Tacoma WA 98411	(253) 227-8858	B3921 12/31/19
Jana Martin Lawn & Landscape Services	5906 N 32nd St.	Tacoma WA 98407	(253) 761-2200	B5103 12/30/18
John Corriveau American Landscape Servies	PO BOX 8327	Lacey WA 98509	(360) 923-2224	B6304 12/31/19
Lane Hobbs Lane's Quality Service	Hobber2001@hotmail.Com	Lacey WA 98513	(253) 229-8386	B0231 12/31/19
Lee Lambert Lacey Backflow & Irrigaiton Co.	Laceybackflow@comcast.Net	Lacey WA 98503	(360) 216-9094	B6024 12/31/19
Nathan Landeck Olympic Landscape OLYMPLI206C1	4310-A 70th Avenue East	Fife WA 98424	253-922-7075 ex310	B5364 12/31/19
Randy Horne Blue Sky Landscape Services Inc.	1124 Valley Ave. N.W.	Puyallup WA 98371	(253) 845-2222	B4360 12/31/19
Scott Kimball Knight Fire Protection Inc. (ALL SYS)	9702 Lathrop Industrial Drive SW	Olympia WA 98512	(360) 786-8606	B2869 12/31/19
Shawn McKernan MCLM LLC	Shawn@mclmlandscape.Com	Tumwter WA 98512	(360) 810-8020	B6282 12/31/19
Terry Leonard Ace Backflow Testing	Acebackflowonly@gmail.Com	University Pl. WA 98466	(254) 250-1295 (253) 250-1295	B5949 12/31/19

**Disclaimer**

The City of DuPont makes no representation regarding the abilities, performance, or quality of service of the testers listed above. Further, the City of DuPont does not assume or accept any responsibilities for the actions or performance of such testers. This list is provided merely for the convenience of the water service customers. Customers are required to use their own judgment with respect to contracting with these or any other testers.

print date 2/8/2019

## Duties of a BAT. WAC 246-292-034

(1) A BAT shall inspect, field test, maintain, and repair backflow prevention assemblies, backflow prevention devices, and air gaps that protect the public water system and report the results as required in WAC 246-290-490(7).

(2) A BAT must be equipped with and capable of using a field test kit, all tools, and other equipment needed to inspect and field test backflow prevention assemblies, and to inspect air gaps and AVBs.

(3) When conducting inspections and field tests of backflow preventers, a BAT shall:

(a) Use procedures that:

(i) Meet the requirements in WAC 246-290-490 (7)(d); and

(ii) Are consistent with the field test procedures used on the BAT's most recently passed practical exam;

(b) Accurately perform inspections and field tests;

(c) Record inspection and field test results completely, accurately, and legibly on a backflow preventer inspection and field test report that meets the requirements in WAC 246-292-036;

(d) Accurately interpret inspection results and determine whether or not the backflow prevention assembly is properly installed;

(e) Accurately interpret the field test results and determine if a backflow prevention assembly passed or failed the field test;

(f) Accurately interpret air gap inspection results and determine if the air gap is an approved air gap at the time of inspection; and

(g) Accurately interpret inspection results and determine if an AVB is properly installed and operating properly.

(4) A BAT shall submit a completed backflow preventer inspection and field test report in an original, copy, facsimile, or electronic format to the owner of the backflow preventer and to the purveyor.

(5) When field testing a backflow prevention assembly, a BAT shall use a field test kit that meets the criteria in Appendix A, Section A.7 of the *Manual of Cross-Connection Control*, 10th Edition, published by the University of Southern California, October 2009 (*USC Manual*).

(6) A BAT shall have the field test kit and components:

(a) Evaluated for performance, pressure-tested, and checked for accuracy:

(i) At least once within the twelve month period before the inspection and field test date; and

(ii) By an independent laboratory that meets criteria and uses procedures specified in Appendix A, Section A.7 of the *USC Manual*.

(b) Recalibrated, repaired, or replaced, if the pressure test or accuracy check results fail to meet the criteria in Appendix A, Section A.7 of the *USC Manual*.

(7) A BAT shall submit to the purveyor as required in WAC 246-290-490 (3)(g):

(a) Laboratory-issued documentation that verifies the accuracy of the field test kit and provides the results of the pressure testing; and

(b) A copy of the department-issued BAT validation card that verifies the BAT's current certification status.

(8) When inspecting, testing, maintaining, or repairing a backflow prevention assembly or AVB, a BAT shall:

(a) Use only replacement parts from the original manufacturer so that the backflow prevention assembly or AVB meets the approval requirements of WAC 246-290-490(5);

(b) Retain, or restore if needed, the manufacturer's design, material, and operational characteristics of the backflow prevention assembly or AVB so that the backflow preventer meets the approval requirements of WAC 246-290-490(5); and

(c) Be a certified plumber as required in chapter 18.106 RCW, if applicable.

[Statutory Authority: RCW 70.119.050 and chapter 70.119 RCW. WSR 14-01-003, § 246-292-034, filed 12/4/13, effective 1/4/14.]