



## City of Tumwater Backflow Incident Report Form

Reporting Agency: \_\_\_\_\_ Date: \_\_\_\_\_  
Reported By: \_\_\_\_\_ Title: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_  
General Location (Street, etc.): \_\_\_\_\_

**Backflow Originated From:**

Name of Premise: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Type of Business: \_\_\_\_\_

**Description of Contaminants:**

(Attach Chemical Analysis of MSDS if available)

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**Distribution of Contaminants:**

Contained within customer's premise:  Yes  No  
Number of persons affected: \_\_\_\_\_

**Effect of Contamination:**

Illness reported?  Yes  No  
Illness type: \_\_\_\_\_

Physical irritation reported?  Yes  No  
Irritation type: \_\_\_\_\_

**Cross Connection Source of Contaminant:**

(boiler, chemical pump, irrigation system, etc.)

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**Cause of Backflow:**

(main break, fire flow, etc.)

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**Corrective Action Taken to Restore Water Quality:**

(main flushing, disinfection, etc.)

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**Corrective Action Ordered to Eliminate or Protect from Cross Connection:**

(type of backflow preventer, location, etc.)

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**Previous Cross Connection Survey of Premise:**

Date: \_\_\_\_\_ By: \_\_\_\_\_

**Types of Backflow Preventer Isolating Premise:**

RPBA:  RPDA:  DCVA:  DCDA:  PVBA:  SVBA:   
AVB:  Air Gap:  None:  Other: \_\_\_\_\_

**Date of Last Test of Assembly:** \_\_\_\_\_

**Notification of State Health Department:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Person Notified: \_\_\_\_\_

Attach sheets with additional information, sketches, and/or media information and return to:

City of Tumwater  
Public Works Operations  
% Cross Connection Control  
555 Israel Road SW  
Tumwater, WA 98501