



Public Utilities

879 Morro Street, San Luis Obispo, CA 93401-2710
805.781.7215
slocity.org

PRE CONSTRUCTION APPLICATION FOR RECYCLED WATER SERVICE

PROPERTY INFORMATION

Address			
Site Name		Type of Use	<input type="checkbox"/> Irrigation
Company Name			<input type="checkbox"/> Industrial
Phone			<input type="checkbox"/> Agricultural
Site Square Footage			<input type="checkbox"/> Other

SITE OWNER

Name		Notes
Job Title		
Phone Number		
E-mail		

DESIGN CONTACT

Company Name		Notes
Contact Person		
Address		
Email		

SITE SUPERVISOR

Company Name		Notes
Site Supervisor Name		
Address		
Phone		
Email		

SITE INFORMATION (TO BE FILLED OUT BY CITY)

Site Type	<input type="checkbox"/> Retrofit <input type="checkbox"/> New Development	Notes
Site served with potable water?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Drinking fountains on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Outdoor eating/picnic tables on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of wells on site		
Meter Size		
Total Irrigated Area (sq ft)		



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AGREEMENT

1. I have read and agree to use recycled water in accordance with the City's Procedures for Recycled Water use document along with California Department of Public Health Title 22 requirements from the California Code of Regulations.
2. I agree to notify the City five working days prior to a new site supervisor assuming maintenance and operation of the recycled water site designated in this agreement.
3. I understand I am responsible for ensuring quarterly site inspections are conducted and reported back to the Utilities Department by the 14th of January, April, July and October.
4. I understand that I am responsible for the operation, maintenance, and reporting of the recycled water system downstream of the City's point of connection with the Customer.
5. I understand that replacement of infrastructure at the recycled water use site should be done with purple pipe and fittings where required.
6. I understand that recycled water will not be available for use until cross connection tests and coverage tests have been conducted and approval has been granted by the Regional Water Quality Control Board.

SIGNATURES

Property Owner Name	
Property Owner Signature	
Date	



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POST-CONSTRUCTION INSPECTION RESULTS

(To Be Completed By City)

CROSS CONNECTION TESTING

Cross Connection Test Date:	Cross Connection Test Method: <input type="checkbox"/> Pressure differential <input type="checkbox"/> Dye Test <input type="checkbox"/> Other	Cross Connection Results: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (please see attachment)	Test Conducted By: Cross Connection Certification #:
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COVERAGE TESTS/RUNOFF INSPECTION

Coverage Test Date:	Coverage Test Results <input type="checkbox"/> Pass <input type="checkbox"/> Minor Retrofits Required <input type="checkbox"/> Major Retrofits Required	Notes:
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POST CONSTRUCTION INSPECTION

Adequate Signage	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes
Picnic/eating areas or drinking fountains affected by recycled water?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there wells within the required set-back area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is piping/irrigation infrastructure adequately labeled/colored?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

FINAL SUBMISSION TO RWQCB

Submission Date		Notes
Submitted By:		
Final approval received from RWQCB:	<input type="checkbox"/> Yes <input type="checkbox"/> No	