

ATTACHMENT NO. 3

RECYCLED WATER USE FORMS

**OLIVENHAIN MUNICIPAL WATER DISTRICT  
APPLICATION FOR RECYCLED WATER SERVICE**

Applicant: Please complete the following: (Please print clearly or type)

User Name: \_\_\_\_\_

Relationship to Property: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number:        Work \_\_\_\_\_ Residence \_\_\_\_\_

Project/Site Name: \_\_\_\_\_

Project/Site Address: \_\_\_\_\_

Property Owner(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number:        Office \_\_\_\_\_ Residence \_\_\_\_\_

Recycled Water Supervisor:

    Name: \_\_\_\_\_

    Address: \_\_\_\_\_

\_\_\_\_\_

    24-Hour Contact Telephone Number: \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Type of Recycled Water Use: (Check all that apply)

- Landscape Irrigation
- Commercial Use
- Industrial Use
- Agricultural Use
- Impoundments
- Construction Use
- Groundwater Recharge
- Wildlife Habitat
- Recreational
- Other

2. Brief Description of Use(s): \_\_\_\_\_  
\_\_\_\_\_

3. Total Irrigated Area: \_\_\_\_\_ Acres

Type of Plant Material: \_\_\_\_\_

4. Estimated Demand:    Total quantity: \_\_\_\_\_ HCF/Yr.  
                                   Max. at POC: \_\_\_\_\_ GPM (total)  
                                   Min. Pressure: \_\_\_\_\_ PSI  
                                   Hours/Day: \_\_\_\_\_  
                                   Days/Week \_\_\_\_\_

5. Number of Service Connections: \_\_\_\_\_

Number of Meters Requested: \_\_\_\_\_ Size of Meters: \_\_\_\_\_

6. This is a  NEW       CONVERTED system.

7. If a new system, how are pipes to be identified:  
 Color Coded       Stenciled       Tape Wrap       Other

8. Are there special construction requirements?     Yes       No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

9. Date requested to initiate service: \_\_\_\_\_

10. Duration of service (temporary, interim, construction use, permanent):  
\_\_\_\_\_

11. Additional Information: (Include special conditions affecting service): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please include the following items:

A. Items to be submitted with the initial application:

- i) Location and vicinity map showing the demarcation of the recycled water use area.
- ii) Attachment of properly notarized affidavit
- iii) Check or money order for required fees made out to:

Olivenhain Municipal Water District

B. Items to be submitted subsequent to the approval of the application:

- i) Drawing of the project area on one, 8½ X 11 sheet of paper which shall include and show:
  - Location and vicinity map
  - Demarcation of the recycled water use area
  - Specific potable water use areas
  - Location of service connections
  - Size of service connection
  - Main line locations
  - Gate valve locations
  - Specific recycled water use areas
  - Specific potable water use areas

I, the user, have read and understand the District's Rules and Regulations Governing the Use of Recycled Water and agree to restrict recycled water use for the purposes described within this application. I agree to use recycled water in accordance with these Rules and Regulations and all other applicable documents. I understand that recycled water may not be compatible with certain types of vegetation because of its chemical composition. I agree that the District will not be liable for damages that may occur to vegetation or for damages which may occur due to uses of recycled water for purposes not included in this application.

User's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For District Use Only:

**STATUS OF APPLICATION**

- Approved
- Sent to San Diego County DEH or State DHS for approval
- The user needs to submit required fees
- The user needs to supply additional information
- The user denied recycled water service
- Returned to the Applicant

Comments: \_\_\_\_\_  
\_\_\_\_\_

12. Service Connection(s) size approved?     Yes     No

If not, why? \_\_\_\_\_  
\_\_\_\_\_

Service Location approved?     Yes     No

If not, why? \_\_\_\_\_  
\_\_\_\_\_

13. Use(s) Approved?     Yes     No    Comments: \_\_\_\_\_

\_\_\_\_\_

14. Can the District provide the requested recycled water service with existing facilities?

Yes     No

If not, what are the constraints? \_\_\_\_\_  
\_\_\_\_\_

15. Is recycled water main extension required?     Yes     No    Comments: \_\_\_\_\_

\_\_\_\_\_

16. Will this system be initially connected to the potable water system?     Yes     No

17. Describe level and method of backflow protection: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**OLIVENHAIN MUNICIPAL WATER DISTRICT  
CHECKLIST/ACTION REQUEST FORM FOR OBTAINING RECYCLED  
WATER SERVICE**

DIRECTIONS FOR USING THIS FORM:

This form is to be used by the user, Olivenhain Municipal Water District, and the County of San Diego, Department of Environmental Health Services to request specific action or items needed to complete the process for obtaining recycled water service. Complete each step in the sequence shown. Make sure the form is dated and signed. This checklist keeps all entities informed of the application process progress and the steps remaining to provide recycled water service.

To: \_\_\_\_\_

Requested By User: \_\_\_\_\_ Signed: \_\_\_\_\_

Project Name: \_\_\_\_\_ Date: \_\_\_\_\_

Specific Action Requested: \_\_\_\_\_

Date  
Completed:

- \_\_\_\_\_ 1. The user and the District determine if the area in question is currently, or will be, served with recycled water.
- \_\_\_\_\_ 2. The user submits a completed application to the District.
- \_\_\_\_\_ 3. The District reviews the application.
- \_\_\_\_\_ 4. If approved, the District sends the application to the County of San Diego, Department of Environmental Health Services.
- \_\_\_\_\_ 5. If approved by the County of San Diego, Department of Environmental Health Services, the user submits to the District the following:
  - a. Completed Irrigation Plans
  - b. Construction Schedule
  - c. Required review fees

- \_\_\_\_\_ 6. The District reviews the plans.
- \_\_\_\_\_ 7. The District approves the plans and construction schedule prior to construction.
- \_\_\_\_\_ 8. The County of San Diego, Department of Environmental Health Services approves the detailed irrigation plans for recycled water services.
- \_\_\_\_\_ 9. The user constructs the facilities.
- \_\_\_\_\_ 10. The user submits “as-built” drawings to the District and County DEH for record.
- \_\_\_\_\_ 11. Upon the users request, the District performs final inspection and operational testing.
- \_\_\_\_\_ 12. If the final inspection passes, the District requests the County of San Diego, Department of Environmental Health Services for approval to begin service.
- \_\_\_\_\_ 13. The County of San Diego, Department of Environmental Health Services grants final approval for service.
- \_\_\_\_\_ 14. The District and user enter into a “Recycled Water Use Agreement”.
- \_\_\_\_\_ 15. The user initiates recycled water service.
- \_\_\_\_\_ 16. The District confirms service to the County of San Diego, Department of Environmental Health Services.

**Note:**

**In situations where potable water lines are on the same property and located in the same area as recycled water lines, an initial and an annual cross-connection control site inspection may be required, as determined by the County of San Diego, Department of Environmental Health Services and the Olivenhain Municipal Water District.**

**OLIVENHAIN MUNICIPAL WATER DISTRICT  
STATUS OF APPLICATION FOR RECYCLED WATER SERVICE**

To: \_\_\_\_\_

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

We received your application for recycled water service for the project(s) listed below. The application has been reviewed by the District in accordance with the District's Rules and Regulations Governing the Use of Recycled Water and the ability of our system to supply you with the quantity of recycled water you have requested. The status of the application is shown below. If you have any questions, please contact \_\_\_\_\_ at \_\_\_\_\_.

Project Name: \_\_\_\_\_

Application received on: \_\_\_\_\_

- Status:
- Your application has been approved by the District.
  - Your application has been sent to the County of San Diego, Department of Environmental Health Services for further review.
  - Your application is incomplete, and we request that you provide additional information (see comments).
  - We require payment of fees before review can be completed.
  - Your application has been returned (see comments).
  - Your application for recycled water service has been denied (see comments).

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OLIVENHAIN MUNICIPAL WATER DISTRICT  
RECYCLED WATER USER AGREEMENT**

User Account No.: \_\_\_\_\_

User: \_\_\_\_\_ Contact: \_\_\_\_\_

Relationship to property: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Project/site Name: \_\_\_\_\_

Project/site Address: \_\_\_\_\_

Property Owner(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

Designated Recycled Water Supervisor: \_\_\_\_\_

24-Hour Contact Telephone Number: \_\_\_\_\_

- Approved Use(s):
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_

- Approved Use area(s):
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_

1. Total irrigated area: \_\_\_\_\_ acres.

2. Recycled Water Demand:

Meter Account	Meter Size	Minimum Pressure (PSI)	Maximum Flow (GPM)	Area Serviced (HCF/Yr.)	Yearly Consumption

Totals: \_\_\_\_\_

3. This is a  NEW  CONVERTED system.

4. Method of recycled water pipe identification:

Color Coded  Stenciled  Tape Wrap  Other

5. Recycled water service initiated on: \_\_\_\_\_

6. This is a  temporary  interim  construction  permanent

recycled water service to stop on: \_\_\_\_\_

7. Rate charged for service: \_\_\_\_\_ \$/HCF plus additional base charges as applicable.

8. Special requirements/conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Final Inspection by the District:**

I have inspected the recycled water system governed by this agreement and attest that the construction and operation of this system are in accordance with the District's Rules and Regulations Governing the Use of Recycled Water.

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**User Agreement:**

I have reviewed the District's Rules and Regulations Governing the Use of Recycled Water and agree to operate this recycled water service in accordance with all provisions of this agreement and all applicable documents regulating the use of recycled water. I agree to be responsible for training and supervising all personnel under my control who will be involved in operating the recycled water system.

I agree that no changes to the recycled water system will be made without issuance of an amended agreement. I am aware of any/all fines and penalties to be assessed for any/all violations of these Rules and Regulations Governing the Use of Recycled Water.

User's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**County of San Diego, Department of Environmental Health Services Approval:**

I have reviewed the application package and approve of providing recycled water service in accordance with the provisions contained in this recycled water use agreement.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_