

**SCOTTS VALLEY WATER DISTRICT WATER RECYCLING PROGRAM
APPLICATION FOR A RECYCLED WATER USE PERMIT**

SITE WHERE USE IS PROPOSED	(District Use Only)
Name or Description:	Date Received / /
	Date Distributed / /
Location or Address:	Date of Determination / /
	<input type="checkbox"/> Accepted <input type="checkbox"/> Returned <input type="checkbox"/> Rejected
	Application Number:
	Notes:

APPLICANT INFORMATION

Applicant is Owner Lessee Other (describe)

Applicant's Name _____ Title _____

Address _____ Telephone No. _____

City _____ State _____ Zip _____

Owner's Name (if different) _____

Contact Person _____ Telephone No. _____

Address _____

City _____ State _____ Zip _____

CUSTOMER'S DESIGNATED RECYCLED WATER SUPERVISOR (See Note 1)

Relationship to Applicant: Same Partner Permanent Employee Other:

Name _____ Title _____

Business Address of Primary Work Station _____

City _____ State _____ Zip _____

**The Customer's On-Site Recycled Water Supervisor must be reachable at all times in case of emergency.
All numbers are for District use only.**

Telephone number during regular business hours: _____

EMERGENCY NUMBERS: Evening: _____ Message: _____

Beeper: _____ Cellular: _____

PROPOSED RECYCLED WATER USES (Check all that apply)

Landscape Irrigation Approx. area _____ (sq. ft.) Ornamental Pond Recreational Construction

Agriculture Irrigation Approx. area _____ (sq. ft.) Industrial Toilet Flushing

Other (specify) _____

Briefly describe the proposed use checked above. Include types of plants to be irrigated, industrial process served, etc.

Site Name		Customer No.	
Address			
TYPE OF LAND USE ON SITE		GOVERNMENT AGENCIES WITH JURISDICTION (See Note 2)	
<input type="checkbox"/> Commercial / Retail <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Transportation <input type="checkbox"/> Mines, Quarries <input type="checkbox"/> Open Space <input type="checkbox"/> Undeveloped <input type="checkbox"/> School / Playground		<input type="checkbox"/> US Department of Agriculture <input type="checkbox"/> State Food and Drug <input type="checkbox"/> State Licensing & Certification <input type="checkbox"/> OSHPD (Office of Statewide Health Planning & Development) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	
RECYCLED WATER DEMAND ESTIMATES		FIRE SUPPRESSION	
Estimated Annual Use <input type="checkbox"/> AcFt <input type="checkbox"/> Gallons		<input type="checkbox"/> Site Drawing (all projects)	
Peak Use in Gallons/Minute (GPM)		<input type="checkbox"/> Impoundment O&M Plan (if serving a reservoir or pond)	
Hours of Use		<input type="checkbox"/> Other:	
Days of Use			
<input type="checkbox"/> Dry Season Only <input type="checkbox"/> Year-round			
IS RECYCLED WATER TO BE PIPED OR USED WITHIN AN OCCUPIED BUILDING? <input type="checkbox"/> Yes <input type="checkbox"/> No (IF YES, SEE THE DEPARTMENT OF COMMUNITY DEVELOPMENT TO OBTAIN A BUILDING PERMIT.)			
CUSTOMER'S ON-SITE RECYCLED WATER SUPERVISOR SIGNS		APPLICANT SIGNS	
I have read and understand the Scotts Valley Water District's <i>Rules and Regulations for Recycled Water Users</i> . I will operate the recycled water system in compliance with all conditions of the Permit to Use Recycled Water. Print _____ Signature _____ Date _____		I designate the named person as the User's On-Site Recycled Water Supervisor in accordance with the Scotts Valley Water District's <i>Rules and Regulations for Recycled Water Users</i> . I am a principal owner of this site or a duly authorized representative and certify that the information contained in this application is true and correct to the best of my knowledge. Print _____ Signature _____ Date _____	
<p>Note 1: Customer's On-Site Recycled Water Supervisor: It is responsibility of the Customer to provide surveillance and supervision of the recycled water system in a way that assures compliance at all times with current regulations. In order to accomplish this, the Customer shall designate an On-site Recycled Water Supervisor (Customer Supervisor) to provide liaison with the District. This person may represent the owner, tenant, or property manager as appropriate; however, he/she must be a permanent employee responsible for the recycled water system at the site who is available at all times and has the authority to carry out any requirements of the Water Recycling Program.</p> <p>Refer to the "<i>Rules and Regulations for Recycled Water Customer</i>" Section I2.3 for more comprehensive description of the responsibilities of an on-site recycled water supervisor.</p> <p>Note 2: List those governmental entities that may have regulatory jurisdiction over the re-use site related to on-site water use, drinking water, food handling or public health issues.</p> <p>Copies: _____ Field Inspector _____ File (Original)</p>			