

# Rancho Murieta Community Services District

## Application for Onsite Recycled Water Irrigation Use Permit

RECYCLED WATER CURRENTLY NOT AVAILABLE – DISTRICT WILL NOTIFY AT LEAST 30 DAYS PRIOR TO CHANGE

Site Information		District Use Only	
Location or Address:	Date Received		
	Date Distributed		
	Date of Determination		
Lot No.:	<input type="checkbox"/> Accepted <input type="checkbox"/> Returned <input type="checkbox"/> Rejected		
Assessor's Parcel No.	Name		
	Notes:		
Applicant Information			
Applicant Is <input type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Other (Describe)			
Applicants Name:			
Address (Current)		Telephone No. _____	
		Email:	
		Cellphone:	
City	State	Zip Code	
Owner's Name (if different)			
Owner's Contact Person			
Address		Telephone No. _____	
		Email:	
		Cellphone:	
City	State	Zip Code	
User's Designated Site Supervisor			
Relationship to Applicant <input type="checkbox"/> Same <input type="checkbox"/> Partner <input type="checkbox"/> Employee <input type="checkbox"/> Other			
Supervisor's Name:			
Address		Telephone No. _____	
		Email:	
		Cellphone:	
City	State	Zip Code	
<b>Note: The User's Site Supervisor must be reachable at all times in case of emergency. All phone numbers are for the use of the Recycled Water Program only.</b>			
Proposed Recycled Water Uses			
Current Water Source (if applicable): <input type="checkbox"/> Potable <input checked="" type="checkbox"/> Recycled			
<input type="checkbox"/> Landscape Irrigation		Approximate Area: _____ ft <sup>2</sup>	

Briefly describe the proposed uses and potential degree of contact with public:

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Other Uses

Briefly describe the proposed uses and potential degree of contact with public:

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**Cross-Connection Control<sup>1</sup>**  
 Has the cross-connection test been completed?     Yes     No

**Backflow Prevention for potable system<sup>2</sup>**  
 Have your backflow prevention devices been tested within the past year?     Yes     No

**Recycled Water Demand Estimates**

Description of Site:

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Estimated Annual Recycled Water Use/Demand (gallons per year):

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Peak Use/Demand (gallons per minute):

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Pressure Requirements (pound per square inch):

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Hours of Use:

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Days of Use:

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- Attachments
- Recycled Water Plan (see 2.2.11.3 of the District’s Recycled Water Standards)
  - Other: \_\_\_\_\_

Site Supervisor	Applicant <i>(If different than Site Supervisor)</i>
I will operate and maintain the recycled water system in compliance with all conditions of the District’s Waste Discharge Requirements, Master Reclamation Permit, and the Recycled Water Use Permit.	I designate the named person as the Site Supervisor. I am the 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 Name: _____	Print Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

<sup>1</sup> An initial cross-connection control test must be performed prior to receiving a Recycled Water Use Permit. If cross-connection test has been completed previous, please attach testing report results.

<sup>2</sup> If applicable to your site, all backflow prevention devices on the **potable** system must be tested annually. If backflow prevention device tests have been completed previous, please attach the backflow prevention assembly test report and locate the devices on an attached site plan.