



Recycled Water Use Self-monitoring Report

Submit reports to the Clean Water Section by fax (925) 462-0658 or mail no later than 5 days following the reporting period.

Site Name/Location: _____ Recycled Water Account Number(s): _____

Period (MM/YY – MM/YY): _____ License #: _____

* The quarter periods are defined as follows: Quarter 1: January 1 to March 31 Quarter 2: April 1 to June 30
 Quarter 3: July 1 to September 30 Quarter 4: October 1 to December 31

Due dates for submission of reports are April 5th, July 5th, October 5th, and January 5th

**Indicate Yes/No in appropriate box. If “Yes”, describe corrective action taken on the attached Facilities Modification Log.

	QUARTERLY INSPECTION*
Inspection Date ►	
Indicate regular hours of irrigation system operation.	
**Is there evidence of runoff recycled water from the site? (Show affected area(s) on a sketch.)	
**Is odor of wastewater origin emanating from the irrigation site? If present, indicate apparent sources, characterization, and direction of travel.	
**Is there evidence of ponding of recycled water, and evidence of mosquitoes breeding within the irrigation area due to ponding?	
**Are warning signs, tags, stickers and above ground pipe markings properly posted to inform the public that irrigation water is recycled, which is not suitable for drinking?	
**Is there evidence of plugged, broken, or otherwise faulty drip irrigation system emitters, valves or sprinklers?	
**Are the irrigation controls working properly?	
**Is there evidence of direct spraying of recycled water on streams, passing vehicles, buildings, domestic water facilities, or food handling facilities?	
**Has the On-site supervisor changed since the last inspection? If so, please indicate the new name and contact information in Page 2.	
On-site Supervisor Initials	

During this monitoring period, modifications have been made to on-site recycled water facilities. Please refer to the attached Facilities Modification Log.

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, and accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or disconnection of recycled water service.”

Signature of On-site Supervisor

Date

On-site Supervisor (Print Name)

The On-site Supervisor, or property ownership, or management has changed. Fill out the following change of information section.

Change of Information Section:

New Owner/Mgmt: _____

New Contact: _____

Address: _____

City/Zip: _____

Phone: _____

Email Address: _____

New On-site Supervisor: _____

Address: _____

City/Zip: _____

Phone: _____

Email Address: _____

Send to: DSRSD
Clean Water Section
7399 Johnson Drive
Pleasanton, CA 94588
Fax (925) 875-2437
Fax (925) 875-2436
Fax (925) 462-0658

