

## RECYCLED WATER USE PERMIT APPLICATION

Date:				
Site Name:				
Service Address:	_			
Location or Brief Legal Description of Site:				
Type of Property (e.g., office building):				
Expected Date to Commence Recycled Wat	er Service:			
Customer:	Site Supervisor*:			
Contact Name:	Company / Organization:			
Mailing Address:	Mailing Address:			
City: Zip:	City: Zip:			
State: Zip:	State:	Z1	p:	
Phone:	Phone:			
Email:	Email:			
	24-Hour Pho	one:		
	*Attach cert	ificate or letter of w	hen to be completed	
Brief description of Site Supervisor's curren water system:	t responsibilities and	familiarity with the	future recycled	
Brief description of proposed recycled wate	r use(s):			
Estimated recycled water requirements:	Area (SQ FT) or Size (COUNT)	Annual Demand (CCF)	Peak Demand (GPM)	
Landscape Irrigation:				
Toilets / Urinals:				
Cooling:		·		
Other:				
This is a: new existing service.				
Existing City Recycled Water Account No.( Existing City Potable Water Account No.(s)	(s):			
Is the potable system proposed to operate as	s backup?  Yes	No		
Is an on-site pump proposed?  Yes	No			
Excavation Permit No.:	Building	Permit No.:		





## Plans, Specifications and Supporting Documents

For both new and existing services, plans, specifications and other necessary supporting documents must be submitted with this application for service. The plans, specifications and supporting documents must be sufficient to demonstrate that the facility will comply with the "City of Mountain View Customer Guidelines for Recycled Water Use." A copy of these rules is available online at:

www.recycledwater.mountainview.gov

## Site Supervisor Certificate

Please attach a copy of the Certificate of Completion from the Site Supervisor Training Workshop. If the designated Site Supervisor has not yet obtained the certificate, then provide a letter stating the expected date of completion. Site Supervisor Training is provided by the South Bay Water Recycling on a quarterly basis, and the certificate of completion must be submitted to the City within 90 days of establishing a recycled water connection.

I understand and agree to all conditions for recycled water service as set forth in the City of Mountain View's Municipal Code and Recycled Water Guidelines and hereby certify under penalty of perjury that the information provided in this application and in any attachments is true and accurate to the best of my knowledge. I also certify that I have read and agree to abide by all conditions specified in the City of Mountain View's recycled water program which include conditions set forth in the Regional Water Quality Control Board's Order No. 93-160.

CUSTOMER:		TITLE:	
	(SIGNATURE)		
		DATE:	
	(PRINT NAME)		

## For City Use Only

Date	Action	Verified by
	Recycled Water Use Permit Application Completed	
	<ul><li>(Indoor Uses Only)</li><li>2. Dual-Plumbing Engineering Report Completed</li></ul>	
	3. Recycled Water Plans Completed	
	4. Construction Inspection Completed	
	5. Cross-connection Test Completed	
	6. Coverage Test Completed	
	7. Site Supervisor Training Certification Completed	
	8. Recycled Water Use Permit Issued	