

**City of Calistoga Recycled Water Program
Application for Recycled Water Use Permit**

Site Where Use Is Proposed	(Program Use Only)
Site Name:	Date Received
Parcel No:	Date Distributed
Location or Address:	Date of Determination
	<input type="checkbox"/> Accepted <input type="checkbox"/> Returned <input type="checkbox"/> Rejected
	User Number:
	Notes:

Applicant Information

Applicant is	<input type="checkbox"/> Owner	<input type="checkbox"/> Lessee	<input type="checkbox"/> 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	

**User's Designated Recycled Water Supervisor
(See Note at the End of the Application)**

Relationship to Applicant:	<input type="checkbox"/> Same	<input type="checkbox"/> Partner	<input type="checkbox"/> Employee	<input type="checkbox"/> Other:
Name				Title
Business Address				
City	State	Zip		

The User's Recycled Water Supervisor must be reachable at all times in case of emergency.
All numbers are for the use of the Recycled Water Program only.

Telephone number during regular business hours:			
EMERGENCY	<input type="checkbox"/> Evening:	<input type="checkbox"/> Message:	
NUMBERS:	<input type="checkbox"/> Beeper:	<input type="checkbox"/> Cellular:	

Proposed Recycled Water Uses

<input type="checkbox"/> Landscape Irrigation: Approx. area _____	<input type="checkbox"/> Ornamental Pond	<input type="checkbox"/> Recreational
	<input type="checkbox"/> Golf Course	<input type="checkbox"/> Other

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

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Agricultural Irrigation Approx. Area _____

Briefly describe the proposed use, including type of crops & irrigation method:

Other Use

Briefly describe the proposed use and degree of contact with public, livestock, or food crops:

Storage

Will onsite storage of recycled water occur? Yes No

Describe the type/volume of the storage facilities and the proposed operation (or attach an Operations & Maintenance, O&M Plan).

Mixing With Other Water Sources

Will the recycled water be mixed with any other water sources? Yes No

Describe the water sources that will be combined with the recycled water:

Cross Connection Control

An initial cross-connection control survey and test must be performed prior to receiving a Recycled Water Use Permit.

Have the cross-connection survey and testing been completed? Yes No

If yes, attach the survey and testing report and locate any backflow prevention devices on an attached site plan:

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Location of Domestic and Process Supply Wells

Are there any wells located on the reuse site? Yes No
 Locate the wells and identify their uses on an attached site plan.

Recycled Water Demand Estimates

Name or Description of Site: _____

Estimated Annual Use: _____

Peak Use in gallons/minute (GPM): _____

Hours of Use: _____

Days of Use: _____

Attachments

Site Plan with Reclaimed Water Connection Detail (Required for all recycled water use sites and must fit on 8 1/2 x 11" paper). In addition, show the site boundaries as well as the locations and types of wells, storage ponds, domestic water and sewer lines, irrigated areas, and hose bibs.

Storage Pond O&M Plan Other: _____

Note: It is the responsibility of the User 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 User shall designate, with the approval of the City of Calistoga, a Recycled Water Supervisor to provide liason with the Recycled Water Program. This person may represent the owner, tenant, or property manager as appropriate; however, he/she must be responsible for the recycled water system at the site and available at all times, with authority to carry out any requirements of the Recycled Water Program.

Recycled Water Supervisor	Applicant
I will operate the recycled water system in compliance with all conditions of Order 96-011, CCR Title 17 and 22, and the Recycled Water Use Permit. Print Name: _____ Signature: _____ Date: _____	Applicant will indemnify and hold harmless the City, its officers, directors, agents & employees from and defend the City against any and all costs, loss, damage, liability, claim or damage of any nature whatsoever, including but not limited to property damage, personal injury, or death arising out of or in any way connected with the use of recycled water provided by the City. I designate the named person as the Recycled Water Supervisor. 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 Name: _____ Signature: _____ Date: _____

Copies: Original To File _____ Field Inspector: _____