## **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 ☐ Accepted ☐ Returned ☐ Rejected User 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 **User's Designated Recycled Water Supervisor** (See Note at the End of the Application) Relationship to Applicant: Same Partner **Employee** Other: Name Title **Business Address** Citv 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** □ Evening: ☐ Message: NUMBERS: ☐ Cellular: ☐ Beeper: **Proposed Recycled Water Uses** □ Ornamental Pond Recreational □ Landscape Irrigation: Approx. area П □ Golf Course Other Briefly describe the proposed uses and degree of contact with public:

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	y of Calistoga Recycled on for Recycled Water U		
☐ Agricultural Irrigation	Approx. Area		
Briefly describe the proposed use	e. including type of crops & irric	nation method:	
	, 5,11	,	
□ Other Use			
Briefly describe the proposed use	e and degree of contact with pu	ublic, livestock, or foo	od crops:
	<u> </u>	,	•
	Storage		
Will onsite storage of recycled wa	ater occur?	□ Yes	□ No
Describe the type/volume of the	storage facilities and the propo	sed operation (or atta	ach an Operations &
Maintenance, O&M Plan).			
	Mixing With Other Wat	ter Sources	
Will the recycled water be mixed	with any other water sources?	□ Yes	□ No
Describe the water sources that v	will be combined with the recyc	cled water:	
	Cross Connection	Control	
An initial cross-connection control	survey and test must be perform	ed prior to receiving a	Recycled Water Use Permit.
Have the cross-connection surve	y and testing been completed?	? □ Yes	<b>□</b> o
If yes, attach the survey and testi	ng report and locate any backt	flow prevention devic	es on an attached site plan:

City of Calistoga Recycled Water Program Application for Recycled Water Use Permit (Continued)				
Location of Domestic and Process Supply Wells				
Are there any wells located on the reuse site? Locate the wells and identify their uses on an attached site pla	□ Yes □ No ın.			
Recycled Water Demand Estimates				
Name or Description of Site:				
Estimated Annual Use:				
Peak Use in gallons/minute (GPM):				
Hours of Use: Days of Use:				
Days of Ose.				
Attachments				
☐ Site Plan with Reclaimed Water Connection Detail (Requiron 8 1/2 x 11" paper). In addition, show the site boundaries as ponds, domestic water and sewer lines, irrigated areas, and h	s well as the locations and types of wells, storage			
□ Storage Pond O&M Plan Other:_	<del></del>			
<b>Note:</b> 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.	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.			
Print Name:	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.			
Signature:				
	Print Name:			
Date:	Signature:			
	Date:			

Copies: Original To File\_\_\_\_\_\_Field Inspector:\_\_\_\_\_