



**UNITED WATER CONSERVATION DISTRICT
RECYCLED WATER USE AREA
ON-SITE SURVEY FORM**

1. On-Site Survey Information

- 1.1. Name of Person Conducting Survey: _____
1.2. Survey Person's Company: _____
1.3. Date and Time of Survey: _____
1.4. Name of Property Representative Granting Access: _____

2. Property Identification

- 2.1. Assessor Parcel Number: _____
2.2. Recycled Water Use Area Number: _____
2.3. Receives Irrigation Water from Turn-Out (Meter) Number(s): _____

3. Property Contact Information

- 3.1. Owner's/Lessor's Name: _____
3.2. Owner's/Lessor's Company Name: _____
3.3. Owner's/Lessor's Mailing Address: _____
3.4. Owner's/Lessor's Phone Number: _____
3.5. Owner's/Lessor's E-mail Address: _____
3.6. Lessee's* Name: _____
3.7. Lessee's* Company Name: _____
3.8. Lessee's* Mailing Address: _____
3.9. Lessee's* Phone Number: _____
3.10. Lessee's* E-mail Address: _____
3.11. Site Supervisor's** Name: _____
3.12. Site Supervisor's** Phone Number: _____
3.13. Site Supervisor's** E-mail Address: _____

* If applicable

** Site Supervisor is responsible for operating and maintaining the irrigation systems on-site

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4. Property Characteristics and Water System Information

4.1. Characteristics of On-Site Irrigation and Domestic Water Systems. **Check each box confirming completion of on-site inspection of each (or indicate not applicable). Hand sketch and note all information on the recycled water use area map and attach. Attach any photographs taken.** At a minimum, show the following information:

	<u>Complete</u>	<u>N/A</u>	<u>Description</u>
4.1.1.	<input type="checkbox"/>	<input type="checkbox"/>	Locations of public use (e.g. fruit stands, parks, playgrounds, school yards, picnic areas, drinking water fountains, etc.)
4.1.2.	<input type="checkbox"/>	<input type="checkbox"/>	Locations of domestic use (e.g. residences, workshops with restrooms, etc.). Include the name of the water purveyor if applicable.
4.1.3.	<input type="checkbox"/>	<input type="checkbox"/>	Boundaries of irrigation (i.e. extent of spray or saturation) and domestic use
4.1.4.	<input type="checkbox"/>	<input type="checkbox"/>	Irrigation and domestic wells (include State or County identification number)
4.1.5.	<input type="checkbox"/>	<input type="checkbox"/>	Main trunk and lateral pipelines
4.1.6.	<input type="checkbox"/>	<input type="checkbox"/>	Main pipeline control devices (e.g. pumps, valves, meters, backflow-preventers, air gaps)
4.1.7.	<input type="checkbox"/>	<input type="checkbox"/>	Water impoundments and containment measures (e.g. ponds, tanks, drainage ditches)
4.1.8.	<input type="checkbox"/>	<input type="checkbox"/>	Locations of blow-offs and air-vacs
4.1.9.	<input type="checkbox"/>	<input type="checkbox"/>	Water features (e.g. hose bibs, truck fill stations, cooling systems, drinking water fountains, decorative fountains, hand washing sinks, etc.)
4.1.10.	<input type="checkbox"/>	<input type="checkbox"/>	Visible or known cross connections between <u>irrigation</u> and <u>domestic</u> water systems
4.1.11.	<input type="checkbox"/>	<input type="checkbox"/>	Observe and note any discrepancies with the following set-backs:
	<input type="checkbox"/>	<input type="checkbox"/>	(a) No irrigation within a 50-foot radius of a domestic water supply well
	<input type="checkbox"/>	<input type="checkbox"/>	(b) No impoundments within a 100-foot radius of a domestic water supply well
	<input type="checkbox"/>	<input type="checkbox"/>	(c) No irrigation within a 100-foot radius of a residence or place of public use

4.2. Describe start-up and shut-down procedures of on-site irrigation (including time of use):



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5. Property Operation Characteristics

5.1. Describe the type of crops grown and irrigation methods used (both current and planned):

<u>Crop</u>	<u>Irrigated With:</u>		<u>Irrigation Method*</u>
	<u>Non- potable:</u>	<u>Domestic (Potable):</u>	
1.			
2.			
3.			
4.			
5.			

* Spray, drip, etc.

5.2. Describe any types of animal husbandry (grown for food only) and the source of water used for drinking purposes:

6. Cross-Connection Control Testing (between recycled water and domestic water systems)

6.1. Is Cross-Connection Control Testing recommended? Yes No

6.2. Date of Cross-Connection Control Testing performed: _____

6.3. Cross-Connection Control Tester Name: _____

6.4. Cross-Connection Control Tester Certification (Agency/No.): _____

6.5. Attach Cross-Connection Control Test Report. At a minimum, include procedures used, pressure data logger graphs, test results and inspection notes and deficiencies encountered.

6.6. Do cross-connections exist on the property? Yes No

6.7. Have the cross-connections been corrected? Yes No