

STATE OF WASHINGTON DEPARTMENTS OF ECOLOGY AND HEALTH  
 PERMIT APPLICATION for RECLAIMED WATER USE

For Office Use Only:

Date Received

Application/Permit No.

This application is for a

- New Reclaimed Water Use Permit
- Renewal
- Modification of permit # \_\_\_\_\_

as required in accordance with the provisions of Chapters 90.46 RCW. All questions must be answered completely and accurately to be considered for coverage. If a question does not apply, answer with NA.

**SECTION A. GENERAL INFORMATION**

**A-I. PERMITTEE:**  Public  Private UBI No. \_\_\_\_\_

Name of Utility or Business:	Is the operator also the owner? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Operator:
Primary Contact Name:	Operator Primary Contact Name:
Title:	Title:
Phone No:	Phone No:
E-mail Address	E-mail Address
Primary Mailing Address '	Primary Mailing Address
City Zip + 4	City Zip + 4
BILLING INFORMATION (if different from primary contact)	
Business/Company Name	Phone No.
Mailing Address	City Zip + 4

**A-II. Provide a narrative description and map of the entire project – not just the treatment facility.**

**Check** this box if there are attached submittals for this section.

**A-III. WASTEWATER DISCHARGE MANAGEMENT:**  Check here if the other required forms are attached.

Permits for reclaimed water are issued in combination with any required NPDES or state wastewater discharge permits. Check the boxes in column below to determine which (if any) wastewater discharge permit application forms apply for this facility. Note that unless 100% of the water generated will be reclaimed AND used, wastewater discharge applications must also be required. Permit application forms are available on Ecology's website.

- All wastewater is generated, treated and used on site. No wastewater discharges from this site.
- Wastewater discharges to waters of the US. NPDES PERMIT REQUIRED
- Wastewater discharges to land or ground water. STATE WASTE DISCHARGE PERMIT REQUIRED. ECY 040-179.
- This facility discharges industrial process wastewater for treatment at a publicly owned treatment works. STATE PRETREATMENT PERMIT REQUIRED. ECY 040-177.
- The only discharge from this site is reclaimed water meeting state standards (see Section V below).
- Facility discharges reclaimed water to a drywell, drainfield, or an infiltration system that uses perforated pipe to discharge to the subsurface and complies with the Underground Injection Control Program (UIC) regulations, 173-218 WAC.

**A-IV. RECLAIMED WATER PRODUCTION:** Section B required  Check here if Attached.

Primary Treatment Facility Contact:	Title:
E-mail Address:	Phone No.
Mailing Address:	City <span style="float: right;">Zip + 4</span>
Check type(s) of reclaimed water quality produced. <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D	For ground water recharge, surface water augmentation or wetlands check additional treatment or water quality requirements achieved. <input type="checkbox"/> Nitrogen reduction <input type="checkbox"/> Drinking water standards <input type="checkbox"/> Surface water standards <input type="checkbox"/> Wetland standards <input type="checkbox"/> Reverse osmosis <input type="checkbox"/> Other - Explanation attached

Provide the status of each required submittal below. If submittal does not apply to your facility, enter NA.

Submittal	Title	Date	Attached	Submitted	Approved
Reclaimed Water Engineering Report			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability Assessment			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Note:** The engineering report above is the report required in the State Water Reclamation and Reuse Standards Publication #97-023.

- Check this box if there are multiple engineering submittals for different treatment processes or sites. Attach a list of these specific submittals to include coverage under this permit

**A-V. RECLAIMED WATER USE: Section D Required**  Check here if attached.

Check all categories of use of reclaimed water.	<input type="checkbox"/> Wetlands
<input type="checkbox"/> Industrial or commercial uses	<input type="checkbox"/> Streamflow augmentation
<input type="checkbox"/> Land application (irrigation)	<input type="checkbox"/> Direct aquifer recharge
<input type="checkbox"/> Impoundments	<input type="checkbox"/> Other - Explanation attached
<input type="checkbox"/> Groundwater recharge by surface percolation	<input type="checkbox"/> Indirect use (controlled)
	<input type="checkbox"/> Mitigation for new appropriative water rights

**A-VI. WATER RIGHT IMPAIRMENT INFORMATION**

State law requires that facilities that reclaim water shall not impair existing water rights downstream of any freshwater discharge points from such facilities unless compensation or mitigation is agreed to by the holder of the affected water right.

Does diversion of reclaimed water result in impairment of existing downstream water rights?  
 No       Yes

If yes, briefly describe method of compensation or mitigation of the affected water right(s).  
 \_\_\_\_\_

**A-VII. SUMMARY OF REQUIRED SUBMITTALS**

Provide the status of each required submittal below. If submittal does not apply to your facility, enter NA.

Submittal	Title	Date	Attached	Submitted	Approved
Water Right Impairment Analysis			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
User Contracts			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Water System's Cross Connection Control Plan			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Check** this box if there are multiple submittals under the above categories for use sites or uses. **Attach** a list of these specific submittals for coverage under this permit.

**A-VIII. CERTIFICATION BY PERMITTEE:**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

\_\_\_\_\_  
Printed Name of Person Signing Below

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Applicant Signed

NOTE: Applications must be signed as follows: A.) For corporation, by a principal executive officer of at least the level of vice president; B.) For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or C.) For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official.

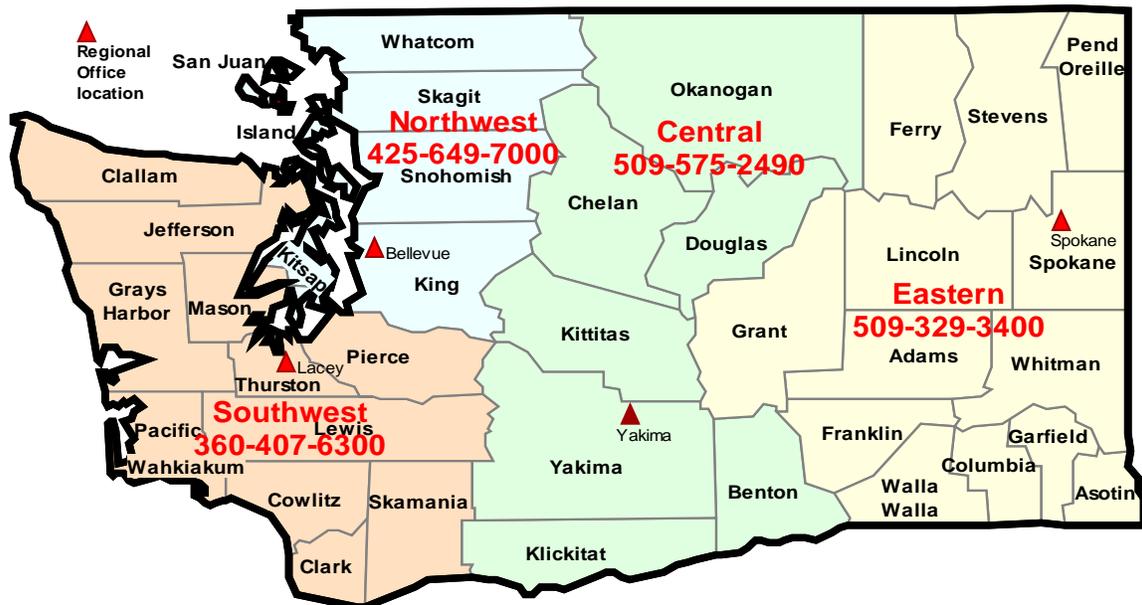
**A-IX. SUBMITTAL INSTRUCTIONS:**

A complete application must contain all required forms for source control, discharges and reclaimed water use. The Departments of Ecology and Health may request additional information regarding water quality and the location, rate and purposes of use. Information from other submittals attached must reference submittal name, date and page number.

Submit the completed application forms to the appropriate Ecology regional office and to the Department of Health at the addresses listed below.

Washington State Department of Ecology (see map below for regional offices)	
Ecology Southwest Regional Office Water Quality Program Attn: Permit Coordinator PO Box 4775 Olympia, WA 98504-7775	Phone: 360-407-6279
Ecology Northwest Regional Office Water Quality Program Attn: Permit Coordinator 3190 - 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452	Phone: 425-649-7201
Ecology Central Regional Office Water Quality Program Attn: Permit Coordinator 15 West Yakima Avenue, Suite 200 Yakima, WA 98902-3401	Phone: 509-457-7105
Ecology Eastern Regional Office Water Quality Program Attn: Permit Coordinator N. 4601 Monroe, Suite 100 Spokane, WA 99205-1295	Phone: 509-329-3537
Washington State Department of Health Office of Drinking Water, Suite #1500 Attn: Mamdouh El-Aarag, Water Reclamation & Reuse Program 16021 E. Indiana Avenue, Spokane Valley, Washington 99216	Phone: 509-329-2148

**Headquarters (Lacey) 360-407-6000**  
**If you are speech or hearing impaired, call 711 or 1-800-833-6388 for TTY**



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<b>SECTION B. RECLAIMED WATER PRODUCTION</b>
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Complete a separate section B for each treatment facility site covered under this permit. All questions must be answered completely and accurately to be considered for coverage. If a question does not apply, answer NA.

**B-I. TREATMENT FACILITY SITE INFORMATION:**

Facility:	
Primary Contact:	Title:
E-mail Address:	Phone No.
Mailing Address:	City: <span style="float: right;">Zip + 4</span>
Provide latitude and longitude points where reclaimed water leaves the treatment facility:	
Provide directions to site from nearest hwy or city/town:	

**B-II. CLASS OF RECLAIMED WATER PRODUCED AT THIS FACILITY:**

- Class A     
  Class B     
  Class C     
  Class D  
 Other Process / Water Quality Limits (explain):

**B-III. EXISTING PERMITS:** List all existing environmental permits at this location by type, issue date, expiration date, and permit number. If no existing permits, enter NONE.

Type of Permit	Issued (date)	Expires (date)	Permit Number

Facility:\_\_\_\_\_

**B-IV. LIST ALL SOURCES OF WATER TREATED TO RECLAIMED WATER AT THIS SITE:**

Type of Water	Where Generated	Volume Treated	Percentage of Total
Untreated Domestic Sewage	<input type="checkbox"/> On-site <input type="checkbox"/> Off-site		
Secondary Effluent	<input type="checkbox"/> On-site <input type="checkbox"/> Off-site		
Storm Water	<input type="checkbox"/> On-site <input type="checkbox"/> Off-site		
Industrial Process Water	<input type="checkbox"/> On-site <input type="checkbox"/> Off-site		
Commercial Use Water	<input type="checkbox"/> On-site <input type="checkbox"/> Off-site		
Agricultural Industrial Process Water	<input type="checkbox"/> On-site <input type="checkbox"/> Off-site		
Other:	<input type="checkbox"/> On-site <input type="checkbox"/> Off-site		

**B-V. INFORMATION ON INDUSTRIAL AND COMMERCIAL FACILITIES DISCHARGING TO SOURCE WATER.**

<p>Identify all industries and large commercial facilities discharging <u>to</u> the source water for the reclamation plant by name, type of industry, address telephone number and contact name. Attach additional sheets if needed.</p>			
Industry/Facility Name:			
Type:			
State Permit #:			
Street Address:			
Mailing Address:			
Telephone:			
Contact Name:			
E-mail Address:			

**B-VI. TREATMENT PROCESSES USED TO PRODUCE RECLAIMED WATER AT THIS SITE:**

**Check (✓)** all unit processes used to produce reclaimed water at this site. Enter the # of units.

Treatment Process	✓	Unit Process	# of Units
Preliminary Treatment	<input type="checkbox"/>	Manually Operated Bar Screens	
	<input type="checkbox"/>	Mechanically Operated Bar Screens	
	<input type="checkbox"/>	Fine Screen – Size:	
	<input type="checkbox"/>	Comminutor/Grinder	
	<input type="checkbox"/>	Grit removal	
	<input type="checkbox"/>	Pre-Aeration	
	<input type="checkbox"/>	Odor Control	
	<input type="checkbox"/>	Flow Measurement	
	<input type="checkbox"/>	Flow Equalization	
	<input type="checkbox"/>	Septage or Other Hauled Wastes	
<input type="checkbox"/>	Other:(specify)		
Primary Treatment	<input type="checkbox"/>	Sedimentation Tanks/Clarifiers	
	<input type="checkbox"/>	Septic Tanks	
	<input type="checkbox"/>	Other (Specify)	
Secondary Treatment Biological Oxidation	<input type="checkbox"/>	Activated Sludge	Conventional
	<input type="checkbox"/>		Batch Treatment (SBR)
	<input type="checkbox"/>		Extended Aeration
	<input type="checkbox"/>		Package Plant
Post Secondary Treatment	<input type="checkbox"/>	Coagulation	
	<input type="checkbox"/>	Flocculation	
	<input type="checkbox"/>	Sedimentation	
	<input type="checkbox"/>	Filtration	High-Rate Rapid Sand Filter
	<input type="checkbox"/>		Continuous Backwash Upflow
	<input type="checkbox"/>		Rotating Filter Disk
	<input type="checkbox"/>		Compressible Fiber Filter
	<input type="checkbox"/>		Traveling Bridge Filter
	<input type="checkbox"/>		Membrane Filter <input type="checkbox"/> Microfiltration <input type="checkbox"/> Ultrafiltration
<input type="checkbox"/>	Membrane Bioreactor <input type="checkbox"/> Microfiltration <input type="checkbox"/> Ultrafiltration		
<input type="checkbox"/>	Other: (specify)		
Advanced Treatment	<input type="checkbox"/>	Nanofiltration	
	<input type="checkbox"/>	Reverse Osmosis	
	<input type="checkbox"/>	Other (specify)	

Disinfection	<input type="checkbox"/>	Chlorine Gas	
	<input type="checkbox"/>	Hypochlorite	
	<input type="checkbox"/>	Ultraviolet Light	
	<input type="checkbox"/>	Ozone	
	<input type="checkbox"/>	Other (specify):	
On-Site Storage	<input type="checkbox"/>	Lined Pond	
	<input type="checkbox"/>	Unlined Pond	
	<input type="checkbox"/>	Covered Tank	
	<input type="checkbox"/>	Other (specify):	
Chemical Additives <input type="checkbox"/> List attached	<input type="checkbox"/>	List <u>all</u> chemical additives associated with the treatment processes (e.g. alum for coagulation, chlorine for oxidation). Attach list if needed.	
Other Treatment (Specify)	<input type="checkbox"/>		
	<input type="checkbox"/>		

**B-VII. FACILITY DIAGRAM**

**Attach** a sketch, aerial photograph, or map, including scale, of the treatment facility showing the following:

<input checked="" type="checkbox"/>	Check items shown on the attachment.
<input type="checkbox"/>	Approximate overall dimensions of the facility
<input type="checkbox"/>	A properly labeled line drawing of all water and wastewater flows including direction of flow
<input type="checkbox"/>	All chemical storage areas
<input type="checkbox"/>	All discharge point(s) and receiving water(s)
<input type="checkbox"/>	All sludge (or biosolids) storage, processing or disposal areas
<input type="checkbox"/>	
<input type="checkbox"/>	

## B-VIII. CHARACTERISTICS OF RECLAIMED WATER PRODUCED

Enter X for parameters known to be present in the reclaimed water, or S for parameters suspected to be present. Provide data for all X or S. Mark NA for parameters that are not of concern at this facility.

New Treatment Facility – Estimate concentrations based on design.

Existing facility - Use actual operating data for the last year of operation where available - indicated by ( ✓ )

X/S	Actual data ✓	Parameter	Concentration			# of Analyses	Analytical Method	Detection Limit
			Minimum	Maximum	Average			
	<input type="checkbox"/>	BOD (5 day)						
	<input type="checkbox"/>	COD						
	<input type="checkbox"/>	Total Organic Carbon						
	<input type="checkbox"/>	Total Suspended Solids						
	<input type="checkbox"/>	Total Dissolved Solids						
	<input type="checkbox"/>	Conductivity						
	<input type="checkbox"/>	pH						
	<input type="checkbox"/>	Ammonia-N						
	<input type="checkbox"/>	Total Kjeldahl N						
	<input type="checkbox"/>	Nitrate + Nitrite-N						
	<input type="checkbox"/>	Total Nitrogen-N						
	<input type="checkbox"/>	Ortho-phosphate- P						
	<input type="checkbox"/>	Total-phosphate-P						
	<input type="checkbox"/>	Total Residual Chlorine						
	<input type="checkbox"/>	Free Residual Chlorine						
	<input type="checkbox"/>	Total Coliform						
	<input type="checkbox"/>	Dissolved Oxygen						
	<input type="checkbox"/>	Total Oil and Grease						
	<input type="checkbox"/>	Calcium						
	<input type="checkbox"/>	Chloride						
	<input type="checkbox"/>	Fluoride						
	<input type="checkbox"/>	Magnesium						
	<input type="checkbox"/>	Potassium						
	<input type="checkbox"/>	Sodium						
	<input type="checkbox"/>	Sulfate						
	<input type="checkbox"/>	Barium (total)						
	<input type="checkbox"/>	Cadmium (total)						
	<input type="checkbox"/>	Copper (total)						
	<input type="checkbox"/>	Iron (total)						
	<input type="checkbox"/>	Lead (total)						
	<input type="checkbox"/>	Manganese (total)						
	<input type="checkbox"/>	Mercury						
	<input type="checkbox"/>	Selenium						
	<input type="checkbox"/>	Silver (total)						
	<input type="checkbox"/>	Zinc (total)						



**B-XI. FACILITY ALARMS.** Describe how the following alarm features are provided. If referencing information in an engineering report or other submittal, give name of submittal, date and page number of information. Attach additional sheets if needed.

Required Alarms	How Provided
Loss of power from normal power supply	
Alarms independent of normal power supply	
Master Alarm Inter-connect all site alarms <b>Who is notified?</b>	
Master alarm to remote service location <b>Who is notified?</b>	

**B-XII. FACILITY RELIABILITY.** In the table below, indicate (✓) which reliability requirements are used at this facility. One or more reliability features are required for each category. If the treatment category does not apply to this facility, write NA.

Reliability Category	✓	Option
Power Supply	Check which of the following are provided (at least one required)	
	<input type="checkbox"/>	Alarm and standby power source
	<input type="checkbox"/>	Alarm & automatically actuated short term storage or disposal
	<input type="checkbox"/>	Automatically actuated long term storage
	<input type="checkbox"/>	Approved other - specify
Emergency Storage or Disposal	Check which of the following are provided (at least one required)	
	<input type="checkbox"/>	Long term storage on-site. No disposal options
	<input type="checkbox"/>	Emergency short-term storage with approved disposal option
	<input type="checkbox"/>	Approved other – specify
Biological Treatment	Check which of the following are provided (at least one required)	
	<input type="checkbox"/>	Alarm and multiple units treating entire flow with one not in service
	<input type="checkbox"/>	Alarm, short-term storage or disposal and standby equipment
	<input type="checkbox"/>	Alarm and long-term storage or disposal provisions
	<input type="checkbox"/>	Automatic diversion to long-term storage or disposal.
	<input type="checkbox"/>	Approved other – specify
Secondary Sedimentation	Check which of the following are provided (at least one required)	
	<input type="checkbox"/>	Multiple units treating entire flow with one unit not in service.
	<input type="checkbox"/>	Standby sedimentation unit process
	<input type="checkbox"/>	Approved long-term storage or disposal provisions
		Approved other – specify
Coagulation	Check which of the following are provided (all four are required).	
	<input type="checkbox"/>	Standby chemical feeders
	<input type="checkbox"/>	Adequate chemical storage and conveyance facilities
	<input type="checkbox"/>	Adequate reserve chemical supply
	<input type="checkbox"/>	Automatic dosage control

Coagulation (continued)	Check which of the following are provided (at least one required)	
	<input type="checkbox"/>	Alarm and multiple units treating entire flow with one not in service.
	<input type="checkbox"/>	Alarm, short-term storage or disposal and standby equipment.
	<input type="checkbox"/>	Alarm and long-term storage or disposal provisions
	<input type="checkbox"/>	Automatic diversion to long-term storage or disposal provisions.
	<input type="checkbox"/>	Approved other – specify
Filtration	Check which of the following are provided (at least one required)	
	<input type="checkbox"/>	Alarm and multiple units treating entire flow with one not in service.
	<input type="checkbox"/>	Alarm, short-term storage or disposal and standby equipment.
	<input type="checkbox"/>	Alarm and long-term storage or disposal provisions
	<input type="checkbox"/>	Automatic diversion to long-term storage or disposal provisions.
	<input type="checkbox"/>	Approved other – Specify
Reverse Osmosis	Check which of the following are provided (at least one required)	
	<input type="checkbox"/>	Alarm and multiple units treating entire flow with one not in service.
	<input type="checkbox"/>	Alarm, short-term storage or disposal and standby equipment.
	<input type="checkbox"/>	Alarm and long-term storage or disposal provisions
	<input type="checkbox"/>	Automatic diversion to long-term storage or disposal provisions.
	<input type="checkbox"/>	Approved other – Specify
Ultraviolet Disinfection	Check which of the following are provided (at least one required)	
	<input type="checkbox"/>	Alarm and multiple units treating entire flow with one not in service.
	<input type="checkbox"/>	Alarm, short-term storage or disposal and standby equipment.
	<input type="checkbox"/>	Alarm and long-term storage or disposal provisions
	<input type="checkbox"/>	Automatic diversion to long-term storage or disposal provisions.
	<input type="checkbox"/>	Approved other – Specify
Chlorine Disinfection	Check which of the following are provided (all six are required).	
	<input type="checkbox"/>	Standby chlorinator
	<input type="checkbox"/>	Standby chlorine supply
	<input type="checkbox"/>	Manifold system to connect chlorine cylinders
	<input type="checkbox"/>	Chlorine scales
	<input type="checkbox"/>	Automatic switchover to full chlorine cylinders
	<input type="checkbox"/>	Continuous measuring and recording of chlorine residual
	Check which of the following are provided (at least one required)	
	<input type="checkbox"/>	Alarm and standby chlorinator
	<input type="checkbox"/>	Alarm, short-term storage or disposal and standby equipment.
	<input type="checkbox"/>	Alarm and long-term storage or disposal provisions
	<input type="checkbox"/>	Automatic diversion to long-term storage or disposal provisions.
	<input type="checkbox"/>	Alarm and multiple point chlorination. Each point has independent power source, separate chlorinator and separate chlorine supply.
<input type="checkbox"/>	Approved other – specify	

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**SECTION C. RECLAIMED WATER DISTRIBUTION**

NOTE: Complete a separate form C for each reclaimed water distribution system under this permit.

**C-I. DISTRIBUTOR INFORMATION:**

Treatment Facility Providing Reclaimed Water :	
Water Distributor:	Is the distributor also the owner of the treatment facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If no attach a copy of the agreement used to control the water distribution and use. <input type="checkbox"/> Agreement attached
Primary Contact Name:	
Title:	
Phone No:	
E-mail Address:	
Primary Mailing Address	
City <span style="float: right;">Zip + 4</span>	

**C-II CLASS OF RECLAIMED WATER DISTRIBUTED:**  A  B  C  D  
 Other Process / Water Quality Limits (explain):

**C-III. TOTAL WATER SUPPLY AVAILABLE FROM THIS DISTRIBUTION SYSTEM:**

Source of Water	Average Daily Flow (MGD)
Reclaimed Water Produced	
Other Water Distributed in this system: <input type="checkbox"/> Surface Water <input type="checkbox"/> Ground Water <input type="checkbox"/> Storm Water <input type="checkbox"/> Drinking Water <input type="checkbox"/> Other:	(enter total)
Reclaimed Water Recovered From Aquifer Storage	
<b>TOTAL</b>	

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**SECTION D. RECLAIMED WATER USE**

NOTE: Complete a separate form D for each reclaimed water customer (water user) under this permit. For subdivisions with a number of residential users, a single form may be used.

**D-I. GENERAL INFORMATION:**

Name of Customer (Water User)	
Site Address: ( If no address describe the location)	City Zip + 4
Provide a legal description with latitude and longitude if known.	
Primary Contact:	Title:
Phone No:	E-mail Address:
Mailing Address:	City Zip + 4
Name of Reclaimed Water Distributor (Purveyor):	Is the customer (water user ) the same as the: Treatment facility owner (Permittee) <input type="checkbox"/> Yes <input type="checkbox"/> No Distributor (purveyor) <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, attach a copy of the agreements used to control the use. <input type="checkbox"/> Agreement attached
Name of Drinking Water System Purveyor:	Name of Cross Connection Control Program Administrator:

**D-II. DESCRIPTION OF USE OF RECLAIMED WATER:**

- The volume of reclaimed water use at this site is  Estimated  Metered
- Describe the uses of reclaimed water at this site. Using available flow records and other available information, allocate the average flows among the various use categories. For each type of reclaimed water use at this site, enter the permitted capacity, average flows and acreage.  
 Same as Section C - IV of this application  Additional information is attached.
- Describe any plans to modify the use of reclaimed water at this site.  
 No modifications  Description attached.

**D-III. SITE ACCESS AND NOTIFICATION OF USE**

In the table below, indicate (✓) which methods are used at this area to notify the public of reclaimed water use.

✓	Check which of the following are provided:
<input type="checkbox"/>	Advisory signs posted at location
<input type="checkbox"/>	Advisory signs posted on tank trucks
<input type="checkbox"/>	Advisory signs posted in storage areas
<input type="checkbox"/>	Written notices. Check who receives notification: <input type="checkbox"/> General Public <input type="checkbox"/> Employees <input type="checkbox"/> Residents <input type="checkbox"/> Customers
<input type="checkbox"/>	Golf course score cards
<input type="checkbox"/>	Identification of areas not designated for reclaimed water use. Check which apply: <input type="checkbox"/> Buildings <input type="checkbox"/> Drinking fountains <input type="checkbox"/> Eating areas <input type="checkbox"/> Passing vehicles <input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/>	Purple color coding: Check which apply: <input type="checkbox"/> Pipes <input type="checkbox"/> Valves <input type="checkbox"/> Outlets
<input type="checkbox"/>	Training programs: <input type="checkbox"/> Employees <input type="checkbox"/> Residents <input type="checkbox"/> Customers <input type="checkbox"/> Truck use <input type="checkbox"/> Other (Specify): _____

**D-IV. CROSS CONNECTION CONTROL**

Check which of the following apply:
<input type="checkbox"/> Reclaimed water use area is serviced only with reclaimed water
<input type="checkbox"/> Reclaimed water use area is serviced with both reclaimed and potable water
<b>Answer all questions below where dual potable and reclaimed water systems exist.</b>
1. All public water systems servicing this area are actively implementing and enforcing cross-connection control plans. <input type="checkbox"/> Yes <input type="checkbox"/> No
2. All cross-connection control programs have been accepted by the Department of Health. <input type="checkbox"/> Yes <input type="checkbox"/> No
3. How many illegal cross-connections were identified during the last reporting period (permit)?
a. How many of these were eliminated?
b. Attach description of any cross-connections found and efforts to eliminate. <input type="checkbox"/> Attached

**D-V. BEST MANAGEMENT PRACTICES (FOR SITE USE OF RECLAIMED WATER)**

- All reclaimed water is used at this site is consumed on site. Site has no discharges.
- Site has the following discharges of reclaimed water to waters of the state.
  - Aquifer recharge by:  Surface percolation     Direct injection  
 Note: If not owned by the Permittee, a separate permit application may be required for this discharge.
  - Discharges to surface waters or to wetlands discharging to surface waters. NPDES PERMIT REQUIRED  
 Enter existing permit number (if any) \_\_\_\_\_.
  - This site uses reclaimed water for industrial process wastewater which is then discharged to a publicly owned treatment works. STATE PRETREATMENT PERMIT REQUIRED. ECY 040-177.
  - Discharges to wetlands that discharge to ground water. STATE WASTE DISCHARGE PERMIT REQUIRED. ECY 040-179.

In the table below, indicate (✓) which methods are used at this area to regulate reclaimed water use.

Category	✓	Option
General Site Management	Check which of the following are provided:	
	<input type="checkbox"/>	Other water used at this reclaimed water use site. Check all that apply: <input type="checkbox"/> Public potable water system <input type="checkbox"/> Private well <input type="checkbox"/> Surface water
	<input type="checkbox"/>	Site access is <input type="checkbox"/> unrestricted <input type="checkbox"/> restricted to public <input type="checkbox"/> restricted to most employees
	<input type="checkbox"/>	Rules prohibit the spraying with reclaimed water.
	<input type="checkbox"/>	Reclaimed water is confined to use areas. Set back distance:
	<input type="checkbox"/>	Rules prohibit hose bibs on reclaimed water lines.
	<input type="checkbox"/>	Use of reclaimed water is secured (authorized personnel only).
	<input type="checkbox"/>	Rules prohibit ponding of reclaimed water.
	<input type="checkbox"/>	Other restrictions (specify):  <input type="checkbox"/> Additional information is attached.
Impoundments & Storage Ponds	<input type="checkbox"/>	Site has lined impoundments (ponds) with reclaimed water.
	<input type="checkbox"/>	Site has unlined impoundments (ponds) with reclaimed water. Describe method of seepage control. <input type="checkbox"/> attached
	<input type="checkbox"/>	Describe method to prevent breeding of vectors (for health protection). <input type="checkbox"/> attached
	<input type="checkbox"/>	Describe method to prevent odor, slime, poor aesthetics. <input type="checkbox"/> attached
	<input type="checkbox"/>	Describe ground water monitoring (if any): <input type="checkbox"/> attached
	<input type="checkbox"/>	Other (Specify):  <input type="checkbox"/> Additional information is attached.



**D-VII. GROUNDWATER INFORMATION**

If groundwater monitoring is required or available, provide measurements from monitoring wells or supply wells in the area of the groundwater recharge or irrigation. Provide the location of each well on a map. Attach well logs and well I.D. # when available. Copy this page for each well.

Well ID Number: \_\_\_\_\_  New Reclaimed Water Site – Background  Existing Site

Parameter	Concentration			# of Analyses	Analytical Method	Detection Limit
	Minimum	Maximum	Average			
BOD (5 day)						
COD						
Total Organic Carbon						
Total Suspended Solids						
Total Dissolved Solids						
Conductivity						
pH						
Ammonia-N						
Total Kjeldahl N						
Nitrate + Nitrite-N						
Total Nitrogen-N						
Ortho-phosphate- P						
Total-phosphate-P						
Total Residual Chlorine						
Free Residual Chlorine						
Total Coliform						
Dissolved Oxygen						
Total Oil and Grease						
Calcium						
Chloride						
Fluoride						
Magnesium						
Potassium						
Sodium						
Sulfate						
Barium (total)						
Cadmium (total)						
Copper (total)						
Iron (total)						
Lead (total)						
Manganese (total)						
Mercury						
Selenium						
Silver (total)						
Zinc (total)						
Water Level						

**D-VIII. RECLAIMED WATER USE CAPACITY ALLOCATION**

Using available flow records and other available information, allocate the average flows among the various use categories. For each type of reclaimed water use, enter the permitted capacity, average flows and acreage.

Use Category	Sub-Category	Capacity (MGD)	Average Flow (MGD)	Area (acres)
Water Production	Treatment Plant Uses			
Industrial Use	Process & Product Production			
	Cooling Use			
	Other			
Commercial Use	Toilet flushing			
	Fire protection			
	Other			
Public Access Land Application (irrigation)	Golf Course			
	Residential			
	Parks & Playgrounds			
	Schools			
	Cemeteries			
	Other			
Agricultural Land Application (irrigation)	Food Crops			
	Grass, Pasture			
	Other			
Groundwater Recharge	Surface Percolation			
	Direct Injection			
Wetlands	Constructed Treatment (aesthetic/polishing)			
	Beneficial Use (created)			
	Natural (restore)			
Surface Water	Augmentation			
Municipal Uses	Sewer Cleaning			
	Street Cleaning			
	Construction Compaction			
	Other			
Other (specify)				
<b>TOTAL</b>				