



Disinfected Tertiary-Treated Recycled Water Irrigation Customer Self-Monitoring Report

Name of Customer: _____

Name/Location of Site: _____

Quarterly inspection date: _____ / _____ / _____
mm dd yy

Inspected by (print name): _____

Irrigation Observations:

Yes No

1. Are any recycled water signs, tags, stickers, and above-ground pipe markings missing or unreadable?
2. Did you observe any puddles or muddy areas caused by irrigation?
3. Did you observe any unusual odors from the irrigation water?
4. Have there been any substantial discharges of recycled water from the authorized site (e.g. runoff to a road, storm drain, stream, or flood control channel?)

Estimated volume in gallons: _____ Date of discharge: _____

5. Did you make any alterations to the size or layout of your irrigation system this quarter?

Please describe the alterations made:

6. Has any staff named on your recycled water permit changed since your last self-monitoring inspection?

New contact: _____

Phone: _____

Email: _____

I certify under penalty of law that the information in this report and any attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted, to the best of my knowledge and belief, is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Signature of Customer's Recycled Water Site Supervisor

Date