

Mail checks to:

Department of Environmental Health & Quality
Recycled Water Program
5500 Overland Avenue, #210
San Diego, CA 92123
(858) 565-5173

Email: RecycledWater.DEH@sdcounty.ca.gov



FOR OFFICE USE:	
Date Received	_____
Fee Paid	_____
Project #	_____

County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH & QUALITY

RECYCLED WATER INSPECTION APPLICATION

(PLEASE READ BOTH PAGES OF THIS APPLICATION PRIOR TO COMPLETION)

ALL FIELDS BELOW ARE REQUIRED. THIS IS A FILLABLE FORM. Please enter your information in the fields, and save the file before sending.

<p>A.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border-bottom: 1px solid black; padding-bottom: 5px;">Project Name</td> <td style="width: 30%; border-bottom: 1px solid black; padding-bottom: 5px;">DEHQ Control Number</td> <td style="width: 30%; border-bottom: 1px solid black; padding-bottom: 5px;">Water Purveyor</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black; padding-bottom: 5px;">Site Address (Please include Street, City, State, and ZIP Code)</td> </tr> </table>			Project Name	DEHQ Control Number	Water Purveyor	Site Address (Please include Street, City, State, and ZIP Code)		
Project Name	DEHQ Control Number	Water Purveyor						
Site Address (Please include Street, City, State, and ZIP Code)								
<p>B. <u>Financially Responsible Party:</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border-bottom: 1px solid black; padding-bottom: 5px;">Contact Person</td> <td style="width: 40%; border-bottom: 1px solid black; padding-bottom: 5px;">Telephone</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Company Name</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Email Address</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; padding-bottom: 5px;">Mailing Address (Please include Street, City, State, and ZIP Code)</td> </tr> </table>			Contact Person	Telephone	Company Name	Email Address	Mailing Address (Please include Street, City, State, and ZIP Code)	
Contact Person	Telephone							
Company Name	Email Address							
Mailing Address (Please include Street, City, State, and ZIP Code)								
<p>C. <u>Inspection Request:</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; vertical-align: top;"> <input type="checkbox"/> Daytime <input type="checkbox"/> After Hours </td> <td style="width: 60%; vertical-align: top;"> <p>Inspection Type:</p> <input type="checkbox"/> Shut Down <input type="checkbox"/> Drain Down <input type="checkbox"/> Dye Test <input type="checkbox"/> Spray Coverage Test Only <input type="checkbox"/> Other _____ </td> </tr> </table> <p>Check here if the Recycled Water Purveyor is requesting the inspection and covering costs (in this case, staff's signature is not required).</p> <input type="checkbox"/> I accept the application requirements listed on Page 2 of 2. I agree to pay all costs associated with Department of Environmental Health & Quality staff time and services within 30 days of receiving an invoice.			<input type="checkbox"/> Daytime <input type="checkbox"/> After Hours	<p>Inspection Type:</p> <input type="checkbox"/> Shut Down <input type="checkbox"/> Drain Down <input type="checkbox"/> Dye Test <input type="checkbox"/> Spray Coverage Test Only <input type="checkbox"/> Other _____				
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County of San Diego
DEPARTMENT OF ENVIRONMENTAL HEALTH & QUALITY

RECYCLED WATER PROGRAM

Application Requirements

- Sections A, B, and C must be completed on the "Recycled Water Inspection Application" form (Page 1 of 2), along with the financially responsible party's original or digital signature.

- The Recycled Water Program requires an initial deposit, made payable to County of San Diego, be submitted with this application. Recycled water inspections require a minimum starting deposit of 15 hours of staff time. Inspections conducted after hours are charged the overtime rate of 1.5 hours per hours worked and therefore require a starting deposit of 22.5 hours. The inspection process includes drive time, inspection time, report processing and certification letter. If the deposit account becomes depleted, the financially responsible party agrees to pay the remaining balance that will be invoiced within 30 days. When work is complete and final approval is issued by DEHQ to the water district, any remaining balance in the deposit account will be refunded to the financially responsible party upon written request to RecycledWater.DEH@sdcounty.ca.gov.

- An after hours inspection is any inspection that takes place outside of normal operating hours: Monday - Friday, 7:30 am - 4:00 pm.

- Inquire with RecycledWater.DEH@sdcounty.ca.gov for current DEHQ hourly rate.