

**Mail checks to:**

Department of Environmental Health  
Attn: Recycled Water Program  
P.O. BOX 129261  
San Diego, CA 92112-9261  
(858) 565-5173



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

Email: [RecycledWater.DEH@sdcounty.ca.gov](mailto:RecycledWater.DEH@sdcounty.ca.gov)

**County of San Diego**  
DEPARTMENT OF ENVIRONMENTAL HEALTH  
3510 Overland Ave., San Diego, CA 92123

**RECYCLED WATER PROJECT REVIEW 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, on screen, and save the file before sending.

A. \_\_\_\_\_  
Project Name Assessor's Parcel Number Water District

\_\_\_\_\_  New Construction **OR**  Retrofit of an Existing Site  
Site Address (Please include Street, City, State, and ZIP Code)

B. Application Submitted By:

\_\_\_\_\_ Telephone \_\_\_\_\_  
Contact Person

\_\_\_\_\_ Email Address \_\_\_\_\_  
Company Name

\_\_\_\_\_ Architect/Engineer License Number \_\_\_\_\_  
Mailing Address (Please include Street, City, State, and ZIP Code)

**Note: The Financially Responsible Party is responsible for payment to the County of San Diego. Project invoices will be sent to the Financially Responsible Party at the address listed below.**

Financially Responsible Party (if different from above or below):

\_\_\_\_\_ Telephone \_\_\_\_\_  
Contact Person

\_\_\_\_\_ Email Address \_\_\_\_\_  
Company Name

\_\_\_\_\_ Mailing Address (Please include Street, City, State, and ZIP Code)

I accept the application requirements and project review conditions listed on Page 2 of 2, and I agree to pay all costs associated with Department of Environmental Health staff time and services within 30 days of receiving an invoice.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature (typed name serves as signature when box above is checked)

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C. Property Owner:

\_\_\_\_\_ Name \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_\_\_ Mailing Address (Please include Street, City, State, and ZIP Code)

If the financially responsible party is the Property Owner, Property Owner must sign section B above.

**County of San Diego**  
DEPARTMENT OF ENVIRONMENTAL HEALTH  
**RECYCLED WATER PROGRAM**

**Application Requirements**

- Sections A, B, and C must be completed on the "Recycled Water Project Review Application" form (Page 1 of 2), along with the applicant's or financially responsible party's original or digital signature.
- The **Assessor's Parcel Number** can be obtained from the County Assessor's Office.
- The project **name** should match the name on the plans or reports being submitted.
- If a site address is not available, such as an irrigation project with slopes, street scape or mitigation, identify NONE in Section A for the Site Address and Assessor's Parcel Number fields.
- A **new construction** site is a project where the irrigation system pipes for an irrigation system or industrial use will be installed. A **retrofit site** is an existing site for irrigation or industrial use that will be leaving the existing plumbing and modifying the above ground pipes and appurtenances to meet Title 22 requirements.
- The recycled water program requires an initial deposit, made payable to the County of San Diego, be submitted with this application. Irrigation Plan Reviews require a minimum starting deposit of 5 hours or \$765. Plan Reviews that include an engineering report, such as dual plumbed projects, require a minimum starting deposit of 8 hours, or \$1224. When funds in the deposit account have been drawn down, DEH will advise on the approximate number of hours needed to complete the project review. An invoice will be generated and the applicant will be directed to submit payment. If the deposit account is entirely depleted, no further project review will be performed until payment of the invoice is received. When work is complete and the project is signed and approved by DEH, any remaining balance in the deposit account will be refunded to the applicant upon written request to RecycledWater.DEH@sdcounty.ca.gov.

**Project Review Conditions**

- Within 30 days of DEH receipt of your complete application, including plans, reports, and deposit account fees, DEH will review and approve or disapprove the project and include comments of deficiencies identified.