

# CITY OF MILPITAS

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## Recycled Water Inspection Sheets

- Attach one of the following sheets, for each recycled water service/meter, to your respective recycled water project plan set:
  1. Irrigation
  2. Cooling Tower
  3. Dual-Plumbed





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SBWR SERVICE NUMBER \_\_\_\_\_ RETAILER ACCOUNT NUMBER 1 \_\_\_\_\_ RETAILER ACCOUNT NUMBER 2 \_\_\_\_\_  
 CUSTOMER NAME \_\_\_\_\_ METER NO. 1 \_\_\_\_\_ METER NO. 2 \_\_\_\_\_ METER NO. 1 \_\_\_\_\_ METER NO. 2 \_\_\_\_\_  
 SERVICE ADDRESS \_\_\_\_\_ GPS NORTH \_\_\_\_\_ GPS NORTH \_\_\_\_\_ GPS NORTH \_\_\_\_\_ GPS NORTH \_\_\_\_\_  
 SERVICE METER LOCATION \_\_\_\_\_ GPS EAST \_\_\_\_\_ GPS EAST \_\_\_\_\_ GPS EAST \_\_\_\_\_ GPS EAST \_\_\_\_\_  
 GPS HEIGHT \_\_\_\_\_ GPS HEIGHT \_\_\_\_\_ GPS HEIGHT \_\_\_\_\_ GPS HEIGHT \_\_\_\_\_

**CONSTRUCTION INSPECTION CHECKLIST**

**IRRIGATION**  **USE CLASSIFICATION** **INDUSTRIAL**  **AGRICULTURAL**

INITIAL	TASK	DATE
_____	1. Department of Health Services Plan Approval Process Completed	_____
_____	2. Certified Site Supervisor Designated	_____
_____	Name (Please Print Clearly) _____ Certificate No. _____	_____
_____	Organization _____ Contact Telephone _____	_____
_____	3. Utilities Horizontal and Vertical Separation Verified	_____
_____	4. Advisory Signs, Tags and Labeling in Accordance with DHS Approved Plans	_____
_____	5. Cross Connection Test Passed	_____
_____	<input type="checkbox"/> Completed form attached	_____
_____	<input type="checkbox"/> Map attached showing all potable connections to be removed from Recycled Water System prior to connecting to meter	_____
_____	6. Additional DHS Requirements Completed	_____
_____	7. Meter Installation Requested	_____
_____	8. Removal of All Potable Water Connections to Recycled Water System Verified	_____
_____	9. Meter(s) Installed	_____
_____	10. Onsite System Connected to Recycled Water Meter Separation has been maintained between the recycled and potable systems.	_____
_____	11. Coverage Test Using Recycled Water Passed	_____

COMMENTS \_\_\_\_\_

Recycled Water Use Permit Requested by: \_\_\_\_\_ Local Authority \_\_\_\_\_ Date \_\_\_\_\_

**For South Bay Water Recycling Use Only**

Use Permit issued by: \_\_\_\_\_ DATE \_\_\_\_\_  
 Copy of Permit and DHS Approved Plan sent to Site Facilities Manager by: \_\_\_\_\_  
 Copy of Permit and DHS Approved Plan sent to Retailer by: \_\_\_\_\_  
 SBWR Database Entry completed by: \_\_\_\_\_

Rev. 09/07

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**CROSS CONNECTION CERTIFICATION FORM**

**Site Name:** \_\_\_\_\_  
**Site Meter Location:** \_\_\_\_\_  
**Site Address:** \_\_\_\_\_  
**Site City & Zip Code:** \_\_\_\_\_  
**Use Area Description:** \_\_\_\_\_  
**Retailer:** \_\_\_\_\_  
**SBWR Service Number:** \_\_\_\_\_  
**Date Test Conducted:** \_\_\_\_\_

**Other Attendees at the Test:**

Name	Company	Phone Number
_____	_____	_____
_____	_____	_____

SBWR REPRESENTATIVE \_\_\_\_\_  
 RETAILER REPRESENTATIVE \_\_\_\_\_

PLEASE USE ADDITIONAL PAGE TO LIST MORE ATTENDEES

I, \_\_\_\_\_ (print name) AWWA Cross-Connection Specialist # \_\_\_\_\_  
 after carefully reviewing the systems and conducting the test as per California UPC Appendix J, and SBWR Rules and Regulations, find no indication of a cross-connection between the Recycled Water system and Potable system at the above indicated location:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

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SBWR SERVICE NUMBER \_\_\_\_\_  
 SERVICE ADDRESS \_\_\_\_\_  
 CUSTOMER NAME \_\_\_\_\_

**COOLING TOWER INSPECTION CHECKLIST**

INITIAL	STANDARD REQUIREMENTS	DATE
_____	1. Biocide used per engineer report.	_____
_____	2. Drift eliminator is installed.	_____
_____	3. Potable water supply has air gap per approved drawing.	_____
_____	4. Recycled water supply has air gap per approved drawing.	_____
_____	5. Cooling tower model number is per engineers report.	_____
_____	6. Notified SBWR Cooling Tower Representative when connected.	_____
_____	Provide cooling tower manufacturer's nameplate information:	_____

**NOTE: ATTACH THIS SHEET TO THE CONSTRUCTION INSPECTION CHECKLIST.**

INSPECTOR: \_\_\_\_\_

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**APPENDIX E Cross-Connection Control Test Procedure for On-Site Recycled Water Irrigation Systems**

In the South Bay Water Recycling service area, the following method is used for conducting a cross-connection control test on all sites where both recycled water and potable water are intended to be used in separate piping systems. A certified AWWA Cross-Connection Specialist must perform the test.

**Cross-Connection Control Test PART I:**

The potable water system shall be activated and pressurized. The recycled water irrigation system shall be shut down at its point of connection and depressurized—this is usually done by manually bleeding an irrigation control valve and/or quick-coupling valve that is located at the lowest point of elevation in the irrigation system.

- The potable water system shall remain pressurized for a minimum period of time specified by the Cross-Connection Specialist while the irrigation system is depressurized. The minimum period of time the recycled water irrigation system is to remain depressurized shall be determined on a case by case basis, taking into account the size and complexity of the potable water and recycled water irrigation systems.
- All recycled water irrigation control valves and quick-coupling valves, and any site features that are approved to be supplied with recycled water from the on-site irrigation system (such as decorative fountains) shall be tested and inspected for flow. If the recycled water system has been truly shut down at its point of connection, then continuous flow from any part of the recycled water system—irrigation system or decorative fountains, etc.—indicates a cross-connection.
- All potable water fixtures (interior and exterior)—faucets, hose bibs, drinking fountains, toilets and urinals, supply lines to decorative fountains, etc.—shall be tested and inspected for flow. No flow from any potable water outlet indicates that it may be connected to the recycled water irrigation system.
- If no cross-connections are discovered, proceed to the second part of the test. If any cross-connections are found, they must be disconnected, and the site must be retested by an AWWA Cross-Connection Specialist per these procedures.

**CROSS-CONNECTION CONTROL TEST PART II:**

- The potable water system shall be shut down at its point of connection (usually the meter) and depressurized. In the case of a potable water system in a multi-story building, the potable water system pressure may be reduced by the amount deemed necessary by the Cross-Connection Specialist and monitored with a gauge installed at a low point of elevation in the potable water system.
- The recycled water irrigation system shall then be activated and pressurized.
- The recycled water irrigation system shall remain pressurized for a minimum period of time specified by the Cross-Connection Specialist while the potable water system is depressurized (or, in the case of a multi-story building potable water system, remains in a state of reduced pressure). The minimum period of time the potable water system is to remain depressurized shall be determined on a case by case basis.
- All potable water fixtures (interior and exterior)—faucets, hose bibs, drinking fountains, toilets and urinals, supply lines to decorative fountains, etc.—shall be tested and inspected for flow. Some flow may occur from water breaking loose from an air lock in an overhead water line. The amount of flow to cause a concern is a judgment call by the Cross-Connection Specialist. If the potable water system has been truly shut down at its point of connection, then continuous flow from any part of the potable water system (that is beyond the drainage generated by an air lock breaking free) indicates a cross-connection. In the case of a potable water system in a multi-story building, the testing of all fixtures may be used in combination with a pressure gauge (mentioned in no. 1, above), or the pressure gauge may be used instead of the testing of all fixtures. If the potable water system has been truly shut down at its point of connection, then an increase in the potable water system pressure viewed at the gauge over a period of time specified by the Cross-Connection Specialist indicates a cross-connection.
- All recycled water irrigation control valves and quick-coupling valves, and any other site features that are approved to be supplied with recycled water from the onsite irrigation system (such as supply lines to decorative fountains) shall be tested and inspected for flow. No flow from a recycled water irrigation control valve, quick-coupling valve, or any other recycled water fixture indicates that it may be connected to the potable water system.
- If no cross-connections are discovered, then the potable water system shall be re-pressurized. If any cross-connections are found, they must be disconnected, and the site must be retested by an AWWA Cross-Connection Specialist per these procedures. The certified AWWA Cross-Connection Specialist responsible for completing the above test must indicate the results on a South Bay Water Recycling Cross-Connection Certification Form (call (408) 2773671 to obtain form) and return it to the Program. This completed form may be faxed to the Program at (408) 2774954.

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SBWR SERVICE NUMBER \_\_\_\_\_ RETAILER NUMBER 1 \_\_\_\_\_ RETAILER NUMBER 2 \_\_\_\_\_  
 RETAIL CUSTOMER NAME \_\_\_\_\_ METER NO. 1 \_\_\_\_\_ METER NO. 2 \_\_\_\_\_  
 RETAIL CUSTOMER ADDRESS \_\_\_\_\_ SERVICE METER LOCATION \_\_\_\_\_

**COOLING TOWER SERVICE**  
**SITE INSPECTION REPORT (Due June 30, 2015)** INSPECTION TYPE:  ANNUAL  PROGRAM

SBWR requires a certified Site Supervisor to submit a Site Inspection Report annually. Site Supervisors are certified by SBWR. If you have questions regarding this mandatory report, please contact your water retailer at (408) 586-3344.

Yes/No	PLEASE COMPLETE 1-10 AND NOTE HOW ANY ISSUES WERE RESOLVED
<input type="checkbox"/>	1. Are advisory signs and tags in good condition and posted consistent with Department of Public Health (DPH) approved plans to inform the public that water is recycled? If not, describe actions taken to correct (if you do not have DPH approved plans for the site, please state that here).
<input type="checkbox"/>	2. Is there evidence of recycled water runoff from the site? If yes, please estimate the volume, and sketch affected area on the back of this sheet (or attach a separate sheet if needed). Also, describe actions taken to correct (and date completed).
<input type="checkbox"/>	3. Is there an odor of wastewater origin within the site? If yes, describe apparent source, characterization, direction of travel, and any public use areas or off-site facilities affected by the odor. Also, describe actions to correct (and date completed).
<input type="checkbox"/>	4. Is there evidence of ponding of recycled water, and/or evidence of mosquitoes breeding on the site due to ponded water? If yes, describe actions taken to correct (and date completed).
<input type="checkbox"/>	5. Is there evidence of leaks or breaks in the recycled water system pipelines or tubing? If yes, describe actions taken to correct (and date completed).
<input type="checkbox"/>	6. In the last year, has the plumbing configuration changed from what has been approved by DPH, including changes to the tower such as modifications to the approved air gap or drift eliminator? If yes, describe the modifications to the site and note if they were reviewed by SBWR.
<input type="checkbox"/>	7. Are tamper evident valve seals intact and exposed piping for the recycled water system labeled as per DPH approved plans? If not, describe actions taken to correct (and date completed).
<input type="checkbox"/>	8. All cooling towers that use recycled water must be treated with a chlorine or other biocide to minimize growth of Legionella and other microorganisms. Please indicate the type of biocide used:
<input type="checkbox"/>	9. All dual plumbed facilities must be visually inspected by an AWWA certified Cross Connection Specialist annually, and a cross connection test completed every four years. Please provide the following information for the annual inspection and attach the cross connection test if due (our records show your last test was completed _____).

INSPECTOR NAME \_\_\_\_\_ DATE OF INSPECTION \_\_\_\_\_ CERTIFICATION NUMBER \_\_\_\_\_

I certify that the information in this report, to the best of my knowledge, is correct and true.

CERTIFIED SITE SUPERVISOR OF RECORD NAME (PRINT) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE OF INSPECTION \_\_\_\_\_ SBWR CERT. NUMBER \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 OFFICE PHONE \_\_\_\_\_ EXTENSION \_\_\_\_\_ CELL PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

Email (scanmed), mail or fax forms to: City of Milpitas, Utility Engineering; Attn. Eliza Nuñez; enunez@ci.milpitas.ca.gov; 455 E. Calaveras Blvd, Milpitas, CA 95035; Fax: (408) 586-3305

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**NOTES**

- All forms on this sheet must be filled out by the cross-connection specialist with the City Inspector, for each individual service, prior to the issuance of a recycled water meter.
- Go to [http://ca.nv-awwa.org/canv/CNS/Professional\\_Certification/Cross\\_Connection\\_Specialist/CNS/Certification/CrossConnectionControlProgramSpecialists.aspx?hkey=56811413-3a4a-4cc9-86fb-59c2cb1621a1](http://ca.nv-awwa.org/canv/CNS/Professional_Certification/Cross_Connection_Specialist/CNS/Certification/CrossConnectionControlProgramSpecialists.aspx?hkey=56811413-3a4a-4cc9-86fb-59c2cb1621a1) for a list of **Certified Cross Connection Specialists**.
- At the time of the recycled water meter set, the developer shall have his/her party, who is responsible for the recycled water system operation and maintenance, trained by SBWR as a Certified Site Supervisor. For more information on Site Supervisor Trainings, go to <https://www.sanjoeca.gov/index.aspx?nid=1594>
- Record Drawings: The Project Team shall provide as-built plans that have been checked for accuracy and completeness, by all parties involved in construction.

**LIST OF FORMS**

- Construction Inspection Checklist (Applies to all Recycled Water Projects)
- Cross Connection Certification Form (Applies to all Recycled Water Projects)
- Special Construction Inspection Checklist (Only if Applicable).
- Cross Connection Control Test Procedure (Applies to all Recycled Water Projects)
- Annual Site Inspection Report (Applies to all Recycled Water Projects)
- Letter of Approval from South Bay Water Recycling
- Letter of Approval from the State Water Resources Control Board

<b>Record Drawings</b> To be completed with submission of Record Drawings	<b>CITY OF MILPITAS-ENGINEERING DIVISION</b>
Signature _____ Date _____ (Designer/Contractor) License No. _____ Exp. _____	Approved: _____ City of Milpitas, Land Development Engineer Review and approval of these plans by the City of Milpitas is limited to compliance with the recycled water requirements and subject to SWRCB Division of Drinking Water review and approval. The applicant is responsible for compliance with any additions or modifications required as the result of field conditions or SWRCB review. Recommended for approval: <b>Engineering</b> _____ Date: _____ Customer No. <b>MP-XXX-XXXX</b>

<b>Record Drawings</b> To be completed prior to acceptance of work by the City	<b>Revisions</b>	<b>RECYCLED WATER GENERAL FORMS AND NOTES</b>																																																																		
Signature + Seal _____ Date _____ P.E. No. _____ Exp. _____ Public Works Inspector: _____ Public Improvements Initially Accepted by _____ the City Council on: _____	<table border="1"> <thead> <tr> <th>Num.</th> <th>Date</th> <th>By</th> <th>Description</th> <th>City Engr.</th> <th>Date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Num.	Date	By	Description	City Engr.	Date																																																													Approved: _____ Public Works Director/City Engineer Date _____ Any changes to public improvements shall be approved by the City engineer Recommended for approval: <b>Fire Dept.</b> _____ Date: _____ <b>Engineering</b> _____ Date: _____ Project No. _____ Drawing No. _____ EP. No. _____ Sheet _____ of _____
Num.	Date	By	Description	City Engr.	Date																																																															

1



SBWR SERVICE NUMBER	RETAILER ACCOUNT NUMBER 1	RETAILER ACCOUNT NUMBER 2
CUSTOMER NAME	METER NO. 1	METER NO. 2
SERVICE ADDRESS	GPS NORTH	GPS EAST
SERVICE METER LOCATION	GPS NORTH	GPS EAST
	GPS HEIGHT	GPS HEIGHT

### CONSTRUCTION INSPECTION CHECKLIST

IRRIGATION	USE CLASSIFICATION	AGRICULTURAL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INITIAL	TASK	DATE
	1. Department of Health Services Plan Approval Process Completed	
	2. Certified Site Supervisor Designated	
	Name (Please Print Clearly) _____ Certificate No. _____	
	Organization _____ Contact Telephone _____	
	3. Utilities Horizontal and Vertical Separation Verified	
	4. Advisory Signs, Tags and Labeling in Accordance with DHS Approved Plans	
	5. Cross Connection Test Passed	
	<input type="checkbox"/> Completed form attached	
	<input type="checkbox"/> Map attached showing all potable connections to be removed from Recycled Water System prior to connecting to meter	
	6. Additional DHS Requirements Completed	
	7. Meter Installation Requested	
	8. Removal of All Potable Water Connections to Recycled Water System Verified	
	9. Meter(s) Installed	
	10. Onsite System Connected to Recycled Water Meter	
	Separation has been maintained between the recycled and potable systems.	
	11. Coverage Test Using Recycled Water Passed	

COMMENTS

Recycled Water Use Permit Requested by: \_\_\_\_\_ Local Authority \_\_\_\_\_ Date \_\_\_\_\_

**For South Bay Water Recycling Use Only**

Use Permit issued by: \_\_\_\_\_ DATE \_\_\_\_\_

Copy of Permit and DHS Approved Plan sent to Site Facilities Manager by: \_\_\_\_\_

Copy of Permit and DHS Approved Plan sent to Retailer by: \_\_\_\_\_

SBWR Database Entry completed by: \_\_\_\_\_

Form 10 SBWR FORMSBWR USE PERMIT REQUEST CHECKLIST\_060807.doc Rev. 060807

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### CROSS CONNECTION CERTIFICATION FORM

Site Name: \_\_\_\_\_

Site Meter Location: \_\_\_\_\_

Site Address: \_\_\_\_\_

Site City & Zip Code: \_\_\_\_\_

Use Area Description: \_\_\_\_\_

Retailer: \_\_\_\_\_

SBWR Service Number: \_\_\_\_\_

Date Test Conducted: \_\_\_\_\_

Other Attendees at the Test:

Name	Company	Phone Number
SBWR REPRESENTATIVE		
RETAILER REPRESENTATIVE		

PLEASE USE ADDITIONAL PAGE TO LIST MORE ATTENDEES

I, \_\_\_\_\_ AWWA Cross-Connection Specialist # \_\_\_\_\_

(print name)

after carefully reviewing the systems and conducting the test as per California UPC Appendix J, and SBWR Rules and Regulations, find no indication of a cross-connection between the Recycled Water system and Potable system at the above indicated location:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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#### APPENDIX E Cross-Connection Control Test Procedure for On-Site Recycled Water Irrigation Systems

In the South Bay Water Recycling service area, the following method is used for conducting a cross-connection control test on all sites where both recycled water and potable water are intended to be used in separate piping systems. A certified AWWA Cross-Connection Specialist must perform the test.

**Cross-Connection Control Test PART I:**

The potable water system shall be activated and pressurized. The recycled water irrigation system shall be shut down at its point of connection and depressurized—this is usually done by manually bleeding an irrigation control valve and/or quick-coupling valve that is located at the lowest point of elevation in the irrigation system.

- The potable water system shall remain pressurized for a minimum period of time specified by the Cross-Connection Specialist while the irrigation system is depressurized. The minimum period of time the recycled water irrigation system is to remain depressurized shall be determined on a case by case basis, taking into account the size and complexity of the potable water and recycled water irrigation systems.
- All recycled water irrigation control valves and quick-coupling valves, and any site features that are approved to be supplied with recycled water from the on-site irrigation system (such as decorative fountains) shall be tested and inspected for flow. If the recycled water system has been truly shut down at its point of connection, then continuous flow from any part of the recycled water system—irrigation system or decorative fountains, etc.—indicates a cross-connection.
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- If no cross-connections are discovered, proceed to the second part of the test. If any cross-connections are found, they must be disconnected, and the site must be retested by an AWWA Cross-Connection Specialist per these procedures.

**CROSS-CONNECTION CONTROL TEST PART II:**

- The potable water system shall be shut down at its point of connection (usually the meter) and depressurized. In the case of a potable water system in a multistory building, the potable water system pressure may be reduced by the amount deemed necessary by the Cross-Connection Specialist and monitored with a gauge installed at a low point of elevation in the potable water system.
- The recycled water irrigation system shall then be activated and pressurized.
- The recycled water irrigation system shall remain pressurized for a minimum period of time specified by the Cross-Connection Specialist while the potable water system is depressurized (or, in the case of a multistory building potable water system, remains in a state of reduced pressure). The minimum period of time the potable water system is to remain depressurized shall be determined on a case by case basis.
- All potable water fixtures (interior and exterior)—faucets, hose bibs, drinking fountains, toilets and urinals, supply lines to decorative fountains, etc.—shall be tested and inspected for flow. Some flow may occur from water breaking loose from an air lock in an overhead water line. The amount of flow to cause a concern is a judgment call by the Cross-Connection Specialist. If the potable water system has been truly shut down at its point of connection, then continuous flow from any part of the potable water system (that is beyond the drainage generated by an air lock breaking free) indicates a cross-connection. In the case of a potable water system in a multistory building, the testing of all fixtures may be used in combination with a pressure gauge (mentioned in no. 1, above), or the pressure gauge may be used instead of the testing of all fixtures. If the potable water system has been truly shut down at its point of connection, then an increase in the potable water system pressure viewed at the gauge over a period of time specified by the Cross-Connection Specialist indicates a cross-connection.
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SBWR SERVICE NUMBER	RETAILER NUMBER 1	RETAILER NUMBER 2
RETAIL CUSTOMER NAME	METER NO. 1	METER NO. 2
RETAIL CUSTOMER ADDRESS	SERVICE METER LOCATION	

#### INDUSTRIAL SERVICE SITE INSPECTION REPORT (Due June 30, 2015)

INSPECTION TYPE:  ANNUAL  PROGRAM

SBWR requires a certified Site Supervisor to submit a Site Inspection Report annually. Site Supervisors are certified by SBWR. If you have questions regarding this mandatory report, please contact your water retailer at (408) 586-3344.

Yes/No	PLEASE COMPLETE 1-10 AND NOTE HOW ANY ISSUES WERE RESOLVED
<input type="checkbox"/>	1. Are advisory signs and tags in good condition and posted consistent with Department of Public Health (DPH) approved plans to inform the public that water is recycled? If not, describe actions taken to correct (if you do not have DPH approved plans for the site, please state that here):
<input type="checkbox"/>	2. Is there evidence of recycled water runoff from the site? If yes, please estimate the volume, and sketch affected area on the back of this sheet (or attach a separate sheet if needed). Also, describe actions taken to correct (and date completed):
<input type="checkbox"/>	3. Is there an odor of wastewater origin within the site? If yes, describe apparent source, characterization, direction of travel, and any public use areas or off-site facilities affected by the odor. Also, describe actions to correct (and date completed):
<input type="checkbox"/>	4. Is there evidence of ponding of recycled water, and/or evidence of mosquitoes breeding on the site due to ponded water? If yes, describe actions taken to correct (and date completed):
<input type="checkbox"/>	5. Is there evidence of leaks or breaks in the recycled water system pipelines or tubing? If yes, describe actions taken to correct (and date completed):
<input type="checkbox"/>	6. In the last year, has the plumbing configuration changed from what has been approved by DPH? If yes, describe the modifications to the site and note if they were reviewed by SBWR:
<input type="checkbox"/>	7. Are tamper evident valve seals intact and exposed piping for the recycled water system labeled as per DPH approved plans? If not, describe actions taken to correct:
<input type="checkbox"/>	8. All dual plumbed facilities must be visually inspected by an AWWA certified Cross Connection Specialist annually, and a cross connection test completed every four years. Please provide the following information for the annual inspection and attach the cross connection test if due (our records show your last test was completed _____):

INSPECTOR NAME \_\_\_\_\_ DATE OF INSPECTION \_\_\_\_\_ CERTIFICATION NUMBER \_\_\_\_\_

I certify that the information in this report, to the best of my knowledge, is correct and true.

CERTIFIED SITE SUPERVISOR OF RECORD NAME (PRINT)	SIGNATURE	DATE OF INSPECTION	SBWR CERT. NUMBER
MAILING ADDRESS	CITY	STATE	ZIP
OFFICE PHONE	EXTENSION	CELL PHONE	FAX
EMAIL			

Email (scanned), mail or fax forms to: City of Milpitas, Utility Engineering, Attn: Eliza Nulize; enulize@ci.milpitas.ca.gov; 455 E. Calaveras Blvd, Milpitas, CA 95035; Fax: (408) 586-3306

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#### NOTES

- All forms on this sheet must be filled out by the cross-connection specialist with the City Inspector, for each individual service, prior to the issuance of a recycled water meter.
- Go to [http://ca.nv-awwa.org/canv/CNS/Professional\\_Certification/Cross\\_Connection\\_Specialist/CNS/Certification/CrossConnectionControlProgramSpecialists.aspx?hkey=56811413-3a4a-4cc9-86fb-59c2cb1621a0](http://ca.nv-awwa.org/canv/CNS/Professional_Certification/Cross_Connection_Specialist/CNS/Certification/CrossConnectionControlProgramSpecialists.aspx?hkey=56811413-3a4a-4cc9-86fb-59c2cb1621a0) for a list of **Certified Cross Connection Specialists**.
- At the time of the recycled water meter set, the developer shall have his/her party, who is responsible for the recycled water system operation and maintenance, trained by SBWR as a Certified Site Supervisor. For more information on Site Supervisor Trainings, go to <https://www.sanjoesea.gov/index.aspx?nid=1594>
- Record Drawings: The Project Team shall provide as-built plans that have been checked for accuracy and completeness, by all parties involved in construction.

#### LIST OF FORMS

- Construction Inspection Checklist (Applies to all Recycled Water Projects)
- Cross Connection Certification Form (Applies to all Recycled Water Projects)
- Special Construction Inspection Checklist (Only if Applicable).
- Cross Connection Control Test Procedure (Applies to all Recycled Water Projects)
- Annual Site Inspection Report (Applies to all Recycled Water Projects)
- Letter of Approval from South Bay Water Recycling
- Letter of Approval from the State Water Resources Control Board

<b>Record Drawings</b>	<b>CITY OF MILPITAS-ENGINEERING DIVISION</b>	
To be completed with submission of Record Drawings	Approved: _____	
Signature _____ Date _____	City of Milpitas, Land Development Engineer	
License No. _____ Exp. _____	Review and approval of these plans by the City of Milpitas is limited to compliance with the recycled water requirements and subject to SWRCB Division of Drinking Water review and approval. The applicant is responsible for compliance with any additions or modifications required as the result of field conditions or SWRCB review.	
	Recommended for approval: <b>Engineering</b> _____ Date: _____	Customer No. <b>MP-XXX-XXXX</b>

<b>Record Drawings</b>	<b>Revisions</b>		<b>RECYCLED WATER GENERAL FORMS AND NOTES</b>			
To be completed prior to acceptance of work by the City	Num.	Date	By	Description	City Engr.	Date
Signature + Seal _____ Date _____						
P.E. No. _____ Exp. _____						
Public Works Inspector: _____						
Public Improvements initially Accepted by _____						
the City Council on: _____						
					Approved: _____	Project No. _____
					Public Works Director/City Engineer Date _____	Drawing No. _____
					Any changes to public improvements shall be approved by the City engineer	EP. No. _____
					Recommended for approval:	
					Fire Dept. Date: _____	
					Engineering Date: _____	Sheet _____ of _____