



Annual Self-Inspection Report

Recycled Water Meter Number:		Recycled Water Permit Number:	
Site Address:		Reporting Year:	
Site Supervisor Name:			
Site Supervisor Phone:		Site Supervisor Email :	
All check marks in a box marked with an asterisk (*) require explanations (use comments section or attach a separate sheet of paper, provide us with comments or a detailed description).			
GENERAL PERMIT COMPLIANCE			
1.	Have any repairs or alterations been made to the recycled water system and/or to the adjacent potable water system since the date of last inspection? If yes, please provide us with a detail of those changes.	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
2.	Are all personnel dealing with the recycled water system educated on the basics of recycled water use? If no, please contact the city for training options.	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
3.	Has your site supervisor changed? If Yes, please provide us with the site supervisor contact information. If the new site supervisor is not certified please contact us to enroll in training.	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
4.	Do you have copies of "as built" drawings of the irrigation system that is served by recycled water? If no, please contact us.	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
SYSTEM OPERATION			
5.	Is there evidence of recycled water runoff from this site? If yes, please note the location and nature of the problem.	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
6.	Is there evidence of recycled water ponding, and/or evidence of mosquitoes breeding within the irrigation area due to ponded water? If yes, please note the location and nature of the problem.	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
7.	Are identification signs, tags, and stickers and above ground pipe marking properly posted to inform the public that the irrigation water is recycled? If no, please indicate how you will correct the problem.	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
8.	Is there evidence of broken or otherwise faulty drip irrigation system emitters or spray irrigation sprinklers? If yes, please note the location, nature of the problem, and how it will be corrected.	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
9.	Is there evidence of leaks or breaks in the irrigation piping or tubing? If yes, please note location, nature of the problem, and how it will be corrected.	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
RW SYSTEM PROTECTION			
10.	Is the potable water backflow device in place? If no, please provide explanation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
11.	Have potable water backflow preventers been tested in the last 12 months? Date: _____. If no, please explain	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
12.	Is there evidence of cross-connection? If yes, please provide explanation and contact City for further direction.	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
COMMENTS: All check marks in a box marked with an asterisk (*) require explanations. Identify comments by item number. If more space is needed, use a separate sheet and attach to this report.			

CUSTOMER CERTIFICATION AND SIGNATURE	
<i>I certify that I have attended the City's Site Supervisor Training, am the certified Site Supervisor for this site, and that the information in this report and any attachments submitted, to the best of my knowledge, comply with the City of Santa Rosa rules and regulations for recycled water use, including the stipulations of the City Potable and Recycled Water Code, the Recycled Water Use Permit and the Recycled Water User's Guide.</i>	
Print Name of Recycled Water Site Supervisor: _____	
Recycled Water Site Supervisor's Signature: _____	Date: _____

Please send the completed report by _____ to the City of Santa Rosa, Attn: Teresa Gudino, by:

1. Mail: City of Santa Rosa
Attn: Teresa Gudino
69 Stony Circle,
Santa Rosa, CA 95401

2. Or, scan and email report to: tgudino@srcity.org

3. Or, fax report to: 707-543-3936