

**EASTERN MUNICIPAL WATER DISTRICT
RECYCLED WATER IRRIGATION / USER APPLICATION**

Date: _____

PSN: _____

APN: _____

Project Name: _____

Tract No. _____

Location: _____
(City / Cross Streets)

Type of Development: _____
(Commercial; Residential)

No. of Landscape Services _____

Size (s) _____

Owner/Developer: _____	Engineer/Architect: _____
Address: _____	Address: _____
City: _____ State _____ Zip _____	City: _____ State _____ Zip _____
Phone: () _____ Fax: _____	Phone: () _____
Cell #: () _____ e-mail: _____	Fax: () _____
Contact: _____ (Name)	Contact: _____ (Name)

Onsite supervisor.: _____
(Name)

Phone # _____ Cell# _____

Proposed uses of Recycle Water

Estimated Water Requirements:

	Acres/sq.ft Served	Peak Demand (GPM)	Average (AF/YR)
Landscape Irrigation:	_____	_____	_____
Park:	_____	_____	_____
Open Space:	_____	_____	_____
School:	_____	_____	_____
LMD Areas	_____	_____	_____
HOA Areas	_____	_____	_____

(Agriculture only):

Type of crop: _____

Describe the method of irrigation, ie: (spray, drip, furrow) _____

Describe the method to contain runoff or overspray _____

Is potable water on site? YES ___ NO ___,if yes provide map of location of potable connections. Potable services at same property will be required to have a backflow, reduced pressure device installed at customers cost.

(Please provide the following):

1. Map showing property location **including** nearest cross streets and adjacent housing/property
2. Drawings for onsite piping or irrigation system(s)
3. Desired meter location(s)
4. Map showing location of any onsite Wells

Future Site

EMWD TO COMPLETE

Active Site

W.O. # _____

Plan Check to Eng. Dept. _____