Clear Form

Serving Our Community Since 1902

500 Laurel Street, Menlo Park, California 94025-3486 (650) 321-0384 (650)321-4265 FAX

SERGIO RAMIREZ
General Manager

West Bay Sanitary District
Recycled Water Inspection Form

Recycled Water Use Area

Project Type (check all that apply): ☐ Landscape Irrigation ☐ Cooling ☐ Toilet/Urinal Flushing

☐ Other (please describe)_____

Meter Location: _____

Property Owner/Name of Site: _____

Service Address: _____

_____

Recycled Water Site Supervisor

Name: _____ Title: _____

Phone: _____ Email: _____

Emergency Number: _____

Address: _____

_____

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Inspection Date: _____ Inspection Completed By: _____

C=Compliant, NC-Non-Compliant, N/A=Not Applicable		If non-compliant, provide details and describe actions to correct.
1. User agreement available	C NC	
2. As-built/record drawing available	C NC	
3. Site supervisor maintenance and training records available	C NC	
3. Unapproved connections or uses	C NC	
4. Advisory signs posted & visible	C NC	
5. RW identification (e.g. tags, decals, above ground pipe markings)	C NC	
6. Back flow devices for DW systems	C NC N/A	
7. Controller operational/charts current	C NC N/A	
8. Hours of operation	C NC N/A	
9. Overspray, ponding, or runoff	C NC N/A	
10. Plugged, broken or otherwise faulty irrigation emitters	C NC N/A	
11. Eating areas protected	C NC N/A	
12. Drinking fountains protected	C NC N/A	
13. Is there an odor of wastewater origin within the site?	Yes No	If yes, describe apparent source, characterization, direction of travel, and any public use areas or off-site facilities affected by the odor.