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 Coverage Test Form

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

Meter Location: _____

Service Address: _____

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. Advisory signs posted & visible	C NC	
2. RW identification (e.g. tags, decals, above ground pipe markings)	C NC	
3. Overspray, ponding, or runoff	C NC	
4. Plugged, broken or otherwise faulty irrigation emitters	C NC	
5. Eating areas protected	C NC N/A	
6. Drinking fountains protected	C NC N/A	
7. 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.