

**APPLICATION FOR SIMPLE GRAYWATER IRRIGATION SYSTEM PERMIT  
(Less than 250 gallons/day)**

*Please read the California Plumbing Code Chapter 16A before completing this form.*

Assessor's Parcel Number (APN)        -        -        - 000
<b>Project Address:</b>
<b>Applicant:</b> <input type="checkbox"/> <b>Site Owner/Contact Name:</b> _____ <div style="text-align: center; margin-left: 100px;"> <b>Phone Number:</b> _____         </div> <b>and/or</b> <input type="checkbox"/> <b>Contractor Contact Name:</b> _____ <div style="text-align: center; margin-left: 100px;"> <b>Phone Number:</b> _____         </div>
<b>Description of Project (include fixture(s) to be diverted):</b>

<input type="checkbox"/> <b>Single Family Residential</b>	# of bedrooms:	# of occupants:	<i>Estimated Graywater Discharge Calculation Method (choose one)</i> <input type="checkbox"/> <b>Chapter 16A (1606A)</b> Daily Graywater Produced _____ gpd
<input type="checkbox"/> <b>Multi Family Residential</b>	# of bedrooms:	# of occupants:	<input type="checkbox"/> <i>Estimate of graywater use from water use records and/or daily per person interior water use</i> Daily Graywater Produced _____ gpd
<input type="checkbox"/> <b>This property is served by municipal water/sewer</b>			
<b>Name of Water Company:</b> _____			
<input type="checkbox"/> <b>This property contains a well</b>		<input type="checkbox"/> <b>This property contains a septic system</b>	

<b>Soil Type/Texture:</b> _____		<b>Topography:</b> <input type="checkbox"/> Flat <input type="checkbox"/> <30% slope <input type="checkbox"/> >30% slope	
<b>Irrigation field area:</b>	Total square feet: _____	Multiple irrigation zones? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Irrigation method:</b>	<input type="checkbox"/> <b>Gravity</b> Total mulch basin surge capacity: _____ gal Constructed wetland surge capacity: _____ gal	<input type="checkbox"/> <b>Drip (pressurized)</b> Backflow prevention device (make & model): _____	<input type="checkbox"/> <b>Drum with Effluent Pump</b> Drum Surge Capacity: _____ gal Designed to empty in 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No Drum overflow connected to sewer/septic? <input type="checkbox"/> Yes <input type="checkbox"/> No

**I certify that I have read and understand the California Plumbing Code Chapter 16A requirements for graywater irrigation systems. I understand that if there is a complaint investigation that verifies a violation of the applicable standards, then the property owner will be subject to cost recovery and any fines resulting from the investigation (Calif. Health & Safety Code Section 510).**

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Using the graph below, indicate the location of the graywater irrigation field on the property (see sample site plan on the next page). Indicate setbacks to property lines, house and septic and well (if applicable). Show street frontage and your driveway.



SAMPLE SITE PLAN OF GRAYWATER SYSTEM

