



**ANNUAL SELF-INSPECTION REPORT FOR RECYCLED WATER**

Site/Business Name: \_\_\_\_\_

Property Service Address: \_\_\_\_\_

Recycled Meter Account No.: \_\_\_\_\_

Recycled Meter No.: \_\_\_\_\_

Date Self-Inspection Conducted: \_\_\_\_\_

- Yes  
 No      1. Are advisory signs and tags in good condition and posted consistent with approved plans to inform public that water is recycled? If not, describe actions taken to correct:
  
- Yes  
 No      2. Is there evidence of recycled water runoff from the site? If yes, please estimate the volume and sketch affected area on the back of this sheet. Also, describe actions taken to correct:
  
- Yes  
 No      3. Is there an odor of wastewater origin within the irrigation site? If yes, describe apparent source, characterization, direction of travel and any public use areas or off-site facilities affected by the odor. Describe actions to correct:
  
- Yes  
 No      4. Is there evidence of ponding of recycled water and/or evidence of mosquitoes breeding within the irrigation (and/or industrial/dual plumbed) area due to ponded water? If yes, describe actions taken to correct:
  
- Yes  
 No      5. Is there evidence of leaks or breaks in the irrigation (and/or industrial/dual plumbed) system pipelines or tubing? If yes, describe actions taken to correct:
  
- Yes  
 No      6. Is there evidence of plugged, broken or otherwise faulty drip irrigation system emitters or spray irrigation sprinklers on the site? Describe actions taken to correct:
  
- Yes  
 No      7. In the past year or since the last annual site inspection report, have there been any modifications to the on-site recycled or potable water systems? If so, describe the modifications:
  
- Yes  
 No      8. Do you use a conductivity meter to test the water?

**Additional Inspection Items 9 and 10 are for Dual Plumbed Facilities:**

- Yes  
 No  
 N/A      9. Are tamper-evident valve seals intact and exposed piping for the recycled water system labeled? If not, describe actions taken to correct:
  
- Visual  
 Physical  
 N/A      10. All dual plumbed facilities must have a certified cross-connection specialist visually inspect the system annually and conduct a physical cross-connection test every four years. Please provide the following information:



**SITE SUPERVISOR**

I certify that the information in this report, to the best of my knowledge, is correct and true.

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**Certified Site Supervisor Signature**

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Print Name

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Mailing Address City State ZIP

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Office Phone-Extension Cell Phone E-mail

**CITY OF MOUNTAIN VIEW WATER CUSTOMER**

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**City of Mountain View Water Customer Name** (e.g., property owner, tenant or property management firm)

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Address City State ZIP

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Office Phone-Extension Cell Phone E-mail

**PROPERTY OWNER**

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**Property Owner Name** (if different from above)

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Address City State ZIP

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Office Phone-Extension Cell Phone E-mail

**CROSS-CONNECTION SPECIALIST**

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Cross-Connection Specialist Name Date of Inspection AWWA No.

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Date of Last Physical Cross-Connection Test Results of Test

Please Mail or fax completed report to:  
City of Mountain View - Public Services Division • Attn: Recycled Water Program  
231 North Whisman Road • Mountain View, CA 94043 • FAX 650-962-8079