



Central Contra Costa Sanitary District

Protecting Public Health and the Environment

5019 Imhoff Place, Martinez, CA 94553-4392

Application for Recycled Water Hydrant Service

Applicant Information

Company Name: _____

State Contractor's License Number (if any): _____

Company's Designated Recycled Water Site Supervisor: _____

Billing Address: _____

Office Phone: _____ Cell Phone: _____

Fax Number: _____ Email: _____

Recycled Water Usage Information

Estimated recycled water use: _____ gallons per month

Location(s) of use: _____

Type of Use(s): _____

Recycled Water Meter Data

OUTGOING METER INFORMATION

Meter No.	Date Issued	Meter Reading	Estimated Return Date

INCOMING METER INFORMATION

Meter No.	Date Returned	Meter Reading	Return Condition

Meter Deposit

Check No.	Date	Amount	Deposit Return Date

Acknowledgement

Applicant acknowledges the following:

1. Central San's recycled water will only be used for the purpose indicated above. Any additional uses require a modification to the applicant's Use Permit.
2. All employees using Central San's recycled water are required to be trained on the proper use of recycled water.
3. Applicant agrees to comply with Central San's Guidelines for Recycled Water Truck Filling.
4. Applicant agrees to indemnify and hold harmless Central San from and against any damage or claims connected with recycled water service termination by Central San.
5. For usage above 100,000 gallons/year, customers are required to pay the current recycled water rate.

Applicant's Signature: _____ Date: _____