

For Agency Use Only
Date Received ____/____/____

**User Plan to Comply for the USE OF RECLAIMED WATER for
FIRE PROTECTION SYSTEMS**
As Required by Regulation No. 84

Please print or type. Original signatures are required. **Photo, faxed, pdf or email copies will not be accepted.**

All items must be completed accurately and in their entirety for the User Plan to Comply to be deemed complete. Incomplete User Plans to Comply will not be processed until all information is received which will ultimately delay the issuance of a Notice of Authorization (NOA). If more space is required to answer any question, please attach additional sheets to the application form.

Part I of the application is to be filled out by the user (person/entity who uses reclaimed water)
Part II of the application is to be filled out by the treater (person/entity who treats and provides reclaimed water to user)

Part I of the application must be filled out by the user and submitted to the treater identified in Part II of this document. Upon review and approval of Part I by the treater, the treater will fill out Part II of this document and submit the completed application to the Water Quality Control Division (division). Please note that in some cases the treater and the user may be the same entity. The completed document with all original signatures must be mailed or delivered to the following address:

*Colorado Department of Public Health and Environment
Water Quality Control Division, WQCD-P-B2
4300 Cherry Creek Drive South
Denver, Colorado 80246-1530*

PART I - TO BE COMPLETED BY USER

A. CONTACT INFORMATION

1. User Information

User* Organization Formal Name: _____

User is: Property Owner Contractor/Operator

*The user is the person/entity responsible for the use of reclaimed water at the site.

Legal Responsible Person*: the legal representative for the user organization that is **authorized to sign and certify** the User Plan to Comply. This person receives all correspondences and is committing the user to be **legally responsible** for compliance with the Notice of Authorization.

Responsible Position (Title): _____

Currently Held By (Person): _____

Telephone No: _____

Email address _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

*To be considered complete, this form must be signed by a Legally Responsible Person that is a legal representative for the user organization and facility. The legal representative shall be a person that has the authority to make legally binding commitments for the user. Examples of a Legal Responsible Person include a regional or facility manager. Consultants/contractors that were not contracted for overall operation of a facility would typically not have the authority to make a legal commitment for a user and therefore would in most cases not meet the requirement to be a Legal Representative.

2. Site/Local Contact (contact for questions relating to the facility & discharge authorized by this permit.)

- Same as 1) Legally Responsible Person

Responsible Position (Title): _____

Currently Held By (Person): _____

Telephone No: _____

Email address _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

3. Other Contact Types (check below) Add pages if necessary:

Responsible Position (Title): _____

Currently Held By (Person): _____

Telephone No: _____

Email address _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

- Facility Inspection Contact
 Consultant
 Compliance Contact
 Property Owner
 Other _____

B. FACILITY INFORMATION (where the reclaimed water will be used)

Facility Name _____

Street Address (or cross streets) _____

City _____ Colorado, Zip Code _____

County _____

Facility or Project Latitude/Longitude – List the latitude and longitude of the approximate facility center.

Latitude _____. _____ Longitude _____. _____

Provide coordinates in decimal degrees to 6 decimal places (e.g., 39.703345°, -104.933567°)

C. TREATER REQUIREMENTS AND REVIEW

- YES:** The user has coordinated with the treater identified in Part II and has been provided a copy of the Reclaimed Water Control Regulation No. 84. The user has been informed by the treater of the regulation requirements and has prepared this User Plan to Comply in compliance with the treater's Reuse System Management Plan.

D. GENERAL CONDITIONS FOR THE USE OF RECLAIMED DOMESTIC WATER

All conditions must be met prior to the use of reclaimed water. The user must confirm that these conditions will be met by checking the appropriate box and providing the required information for this User Plan to Comply to be considered complete. Attach additional pages as necessary.

1. **Authorized Areas**

- YES:** Use of reclaimed water shall be confined to the authorized use area, operation, or process.

Describe how this will be achieved:

2. **Human Contact**

- YES:** Reclaimed water will not be sprayed on or supplied to occupied buildings, domestic drinking water facilities, facilities where food is being prepared or other areas where human contact with reclaimed water is possible.

Describe how this will be achieved:

3. **Public Notification**

- YES:** The public will be notified that reclaimed water is being used and is not safe for drinking.

Describe how this will be achieved:

4. **Marking Appurtenances and Equipment**

- YES:** All new, modified, or replaced piping, valves, controllers, outlets, and other appurtenances, including irrigation systems and any equipment used for fire protection or in a commercial or industrial operation or process shall be marked to differentiate reclaimed water from potable water or other piping systems.

Describe how this will be achieved for appurtenances and equipment:

5. **Potable Water Service Connections**

Check one of the following, if subsection b is checked, provide the required description:

- a) **Not Applicable:** No potable water service connections will exist in reclaimed water use areas.

-OR-

- b) **YES:** Potable water service connections will exist in the reclaimed water use area. An approved backflow prevention device or cross-connection control method shall be provided at all potable water service connections located in reclaimed water use areas.

Describe the potable water service(s) in the reclaimed water use area(s) (e.g drinking fountains, wash facilities, restrooms), and the backflow prevention device(s) or cross-connection control method(s) to meet the above requirements:

6. **Personnel Authorization and Training**

YES: Operation of the reclaimed water system, including valves, outlets, couplers, and sprinkler heads, and commercial or industrial facilities and equipment utilizing reclaimed water, shall be performed only by trained personnel authorized by the user

Describe how this will be achieved, including who will be trained and authorized to operate and maintain the reclaimed water system and how this training will occur.

7. **Supplement Water**

Check one of the following, if subsection b is checked, provide the required description:

a) **Not Applicable:** No potable or industrial well water will be used to supplement reclaimed water.

-OR-

b) **YES:** Supplementing reclaimed water with water from irrigation wells or industrial wells shall not be allowed except through an approved reduced pressure principle backflow prevention device or an air gap. Supplementing reclaimed water with potable water by a user shall not be allowed except through an approved reduced pressure principle backflow prevention device or an air gap. Where a backflow prevention device is used it must be tested on an annual basis by a Certified Cross-Connection Control Technician, unless there is a physical separation (e.g., removal of the connecting pipe, etc.) between the potable and reuse distribution systems.

Describe the source of the potable, and/or industrial well water supplemental water and the backflow prevention measures to meet the above requirements:

8. **Reclaimed Water Impoundments**

Check one of the following, if subsection b is checked, provide the required description:

a) **Not Applicable:** No impoundment of reclaimed water associated with the reclaimed water use facility will exist

-OR-

b) **YES:** Impoundment of reclaimed water will occur at the user's facility

If yes, submit documentation demonstrating that each reclaimed water impoundment(s) at the user's facility can meet the allowable seepage rate per Regulation 61.14(9)(a). NOAs for new users will not be approved until adequate documentation is provided in accordance with Regulation 61.

Note that in accordance with Regulation 84, any impoundment located within 100 feet of any well used for domestic supply shall be lined with a synthetic material with a permeability of 1×10^{-6} cm/sec or less.

9. **Notification to Workers of Potential Health Hazards**

YES: All workers shall be informed of the potential health hazards involved with contact or ingestion of reclaimed water and shall be educated regarding proper hygienic procedures to protect themselves.

Describe how workers will be informed of the required information:

E. SPECIFIC CONDITIONS FOR INTENDED USE

Category of Reclaimed Water to be Used (Check one):

- Category 2
- Category 3

Type of Approved Industrial Use (Check all that apply):

- Nonresidential Fire Protection (Category 2 or 3)
- Residential Fire Protection (Category 3 only)

1. **Attach** an 8.5 x 11 or 11 x 17 map or schematic indicating the specific area(s) where fire protection using reclaimed water will take place. Include all fire hydrant, sprinkler systems, and standpipe systems. Has the required map been attached?

- YES

2. Identify how reclaimed water used in draining, maintenance, and testing of the system will be disposed. Check the appropriate box associated with each of the following disposal options, and provide the additional information below:

- a. Discharged to the sanitary sewer system?
 - YES NA If yes, provide the name of the entity that operates the collection system and/or ultimate treatment works in the space provided below.
- b. Discharged in accordance with a CDPS permit?
 - YES NA If yes, provide the CDPS permit number in the space provided below.
- c. Held in a lined evaporation/recovery pond?
 - YES NA If yes, provide a description of the pond lining, including the type of liner and the hydraulic conductivity (if known) in the space provided below.
- d. Hauled to a different location for disposal?
 - YES NA If yes, identify where and how the disposal will occur in the space provided below.
- e. Other? If yes, describe the disposal practice that prevents a discharge to the waters of the state in the space provided below.
 - YES NA

3. Describe the implementation of a program to educate the public and firefighters that reclaimed water is used for fire protection, including notices in fire department newsletters and fire department preplans.

4. Describe program to be implemented to educate plumbing and fire protection system contractors and inspectors expected to access the fire protection system about the need to confirm that cross-connections between the reclaimed water and potable water systems do not exist. Describe how all personnel authorized to maintain the system will be educated to avoid contact with and strictly minimize ponding or runoff of the reclaimed water during non-emergency testing or training.

5. Describe the cross-connection control, prevention and identification program the user will implement to prevent any cross-connection between the reclaimed water and potable water system, including annual cross-connection inspections.

F. REQUIRED CERTIFICATION SIGNATURE (Reg 84.13)

“I certify I have been provided a copy of the Reclaimed Water Control Regulation No. 84 and I agree to comply with the applicable requirements of the regulation, in particular the Conditions for Use of Reclaimed Water described in sections 84.8 and 84.9, and, if applicable, the Additional Conditions for Use of Reclaimed Water meeting Category 1 Restricted Access Standards (section 84.9). Furthermore, I agree to allow the treater or the division access to the site to determine whether I am in compliance with these regulations, and/or perform monitoring and analysis as may be required in section 84.10.”

“I certify, under penalty of law, that the information I am providing in Part I of this submittal is true, accurate, and correct. This determination has been made under my direction and supervision in accordance with a system designed to ensure qualified personnel properly gather and evaluate the information. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment.”

Signature (Legally Responsible Person*) _____ Date _____

Name (printed) _____ Title _____

*This part shall be signed, dated, and certified for accuracy by the legally responsible person.

In all cases, it shall be signed as follows:

1. In the case of a corporation, by a principal executive officer of at least the level of vice-president, or his or her duly authorized representative, if such representative is responsible for the overall operation of the facility;
2. In the case of a partnership, by a general partner;
3. In the case of a sole proprietorship, by the proprietor;
4. In the case of a municipal, state, or other public operation, by either a principal executive officer, ranking elected official, or other duly authorized employee

PART II - TO BE COMPLETED BY TREATER

A. IDENTIFICATION OF TREATER NOA

Treater NOA Number: _____

B. LEGALLY RESPONSIBLE PERSON (Part II.D below must be signed by the legal contact listed here)

Same as Legally Responsible Person in Part I

Organization Formal Name: _____

Responsible Position (Title): _____

Currently Held By (Person): _____

Telephone No: _____

Email address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

C. FACILITY INFORMATION (facility providing reclaimed water for user in Part I)

Same as Facility in Part I

Facility Name: _____

Location (address): _____

City: _____ County: _____

Local Contact Name _____ Telephone No: _____

Title: _____ Email address: _____

D. REQUIRED TREATER CERTIFICATION SIGNATURE (Reg 84.13)

“By signing below, I certify that the user identified in Part I of this document has been informed of the regulation requirements and the User Plan to Comply is in compliance with the treater’s Reuse System Management Plan. I am requesting that the treater’s Letter of Intent and Notice of Authorization be amended to include this user.”

“I certify, under penalty of law, that the information I am providing in Part II of this submittal is true, accurate, and correct. This determination has been made under my direction and supervision in accordance with a system designed to ensure qualified personnel properly gather and evaluate the information. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment.”

Signature (Legally Responsible Person*) _____ Date _____

Name (printed) _____ Title _____

*This part shall be signed, dated, and certified for accuracy by the legally responsible person.

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2. In the case of a partnership, by a general partner;
3. In the case of a sole proprietorship, by the proprietor;
4. In the case of a municipal, state, or other public operation, by either a principal executive officer, ranking elected official, or other duly authorized employee