

For Agency Use Only
Date Received ____/____/____

**User Plan to Comply for the USE OF RECLAIMED WATER for  
LANDSCAPE IRRIGATION, NON-FOOD CROP IRRIGATION, AND SILVICULTURE**  
*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 or land owner. 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: \_\_\_\_\_

- Landscape Contractor
- 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: \_\_\_\_\_

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. SPECIFIC CONDITIONS FOR INTENDED USE**

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

- Category 1
- Category 2
- Category 3

**Type of Approved Use Irrigation Use (Check all that apply):**

- Restricted-Access Landscape Irrigation (Category 1, 2, or 3)
- Unrestricted-Access Landscape Irrigation (Category 2 or 3)
- Silviculture (Category 1, 2, or 3)
- Agricultural Non-Food Crop Irrigation (Category 1, 2, or 3)
- Resident Controlled Landscape Irrigation (Category 3)

1. **Attach** an 8.5 x 11 or 11 x 17 map or schematic indicating the specific area(s) where irrigation with reclaimed water will take place. This map should indicate the location of the general vegetation types being irrigated (e.g. turf, trees, shrubs, etc...), the areas where different types of irrigation are being used (e.g. spray, drip, etc...), the acreage of the areas to be irrigated, and any other information that may be relevant to the agronomic rate analysis (see Part I.D.3 below). An appropriate map must be attached for the application to be considered complete.

**YES:** The required map has been attached.

2. If **Category 1** reclaimed water will be used: Describe below how the user will restrict access to reclaimed water, either by time or by barrier. If restricted by time, identify the period for which irrigation with reclaimed water will occur so as to strictly minimize public contact with reclaimed water. If restricted by barrier, describe physical barriers that will prevent public access to the site. If the barriers will only be in place during periods of irrigation, describe when those periods will be and processes to ensure that the ceasing of irrigation at least one hour prior to the barriers being totally or partially removed. (If Category 2 or 3 water us used, leave this part blank.)

3. **Agronomic Rate Information**

For guidance on making the following determination, refer to the *Guidance for Completing Nitrogen Agronomic Rate Analysis for Reclaimed Water Users and Treater* (Agronomic Rate Guidance). This guidance is available at <https://www.colorado.gov/pacific/cdphe/wq-reclaimed-water-reuse-permits>.

a) Will irrigated vegetation be greater than 90 % turf grass (Simplified Method 1 in the Agronomic Rate Guidance)?

**YES**    **NO**

If Yes above, provide a list of the types of turf grass present at the site that are included in the 90% or greater turf grass area.

b) Will all irrigated areas use drip irrigation (Simplified Method 2 in the Agronomic Rate Guidance)?

**YES**    **NO**

c) Will all irrigated areas be made up of a combination of turf grass and drip irrigated areas (Simplified Method 3 in the Agronomic Rate Guidance)?

**YES**    **NO**

If Yes above, provide a list of the types of turf grass at the site that are included in the turf grass area to be irrigated.

If the answer is no to questions 3a, 3b, and 3c above, attach an agronomic rate analysis showing that the reclaimed water used for landscape irrigation will be applied at or below the nitrogen uptake rate of the vegetation . The recommended method to do this calculation is provided in the Agronomic Rate Guidance referenced above.

- 4. Describe best management practices to be used to make sure that direct and windblown spray and other means of human exposure from irrigation systems will be confined to the irrigation area identified in this User Plan to Comply.

- 5. Describe best management practices the user intends to employ to ensure that application rates will be controlled to strictly minimize ponding, runoff, and the amount of applied water and associated nutrients that pass through the roots zone of the vegetation.

- 6. Will the landscape irrigation be Resident-Controlled (Category 3 only)?
  - a)  **Not Applicable:** Irrigation will not be Resident-Controlled
  - OR-
  - b)  **YES:** Irrigation will be Resident-Controlled. Reclaimed water shall not be extended to or supported from any residential structure and there shall be no accessible above grade outlets from the reclaimed water system at any residential structure. At least one exterior hose bib, supplied with potable water, shall be provided at each residential structure.

**E. 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 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) located 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 irrigation 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, irrigation, 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, irrigation, 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  $1 \times 10^{-6}$  cm/sec or less.

**9. Domestic Water Supply Wells**

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

a)  **Not Applicable:** Irrigation will not occur within 100 feet of any well used for domestic water supply

-OR-

b)  **YES:** Precautions will be taken at places where irrigation will occur within 100 feet of a domestic water supply well to prevent contamination of the well.

List the areas where irrigation will occur within 100 feet of a domestic water supply well. Specifically describe all precautions that will be taken to prevent contamination of the well. Note that these precautions will be included as conditions in the NOA.

**10. 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:

**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.

In all cases, it shall be signed as follows:

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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