



Sunnyvale

ACCOUNT NUMBER

RETAIL CUSTOMER NAME*

RETAIL CUSTOMER ADDRESS*

PERMIT NUMBER

METER NO.1

METER NO. 2

LOCATION ID

IRRIGATION SERVICE

RECYCLED WATER SELF-MONITORING REPORT

REPORT TYPE*:

ANNUAL

PROGRAM

Customers are required to submit an annual Self-Monitoring Report by **July 1**. Complete the required (*) fields, certify the information with your signature, and click the "Submit" button to submit your report. Contact the Recycled Water Coordinator at (408) 730-7561 with any questions.

Yes No	COMPLETE 1-7 AND NOTE HOW ANY ISSUES ARE RESOLVED*
	1. Are advisory signs and tags in good condition and posted consistent with City of Sunnyvale approved plans to inform the public that water is recycled? If not, describe actions taken to correct (if you do not have City of Sunnyvale approved plans for the site, please state that here):
	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 (or attach a separate sheet if needed). Also, describe actions taken to correct (and date completed):
	3. Is there an odor of wastewater origin within the site? If yes, describe apparent source, characterization, direction of travel, and any public use areas or off-site facilities affected by the odor. Also, describe actions to correct (and date completed):
	4. Is there evidence of ponding of recycled water, and/or evidence of mosquitoes breeding on the site due to ponded water? If yes, describe actions taken to correct (and date completed):
	5. Is there evidence of leaks or breaks in the recycled water system pipelines or tubing? If yes, describe actions taken to correct (and date completed):
	6. Is there evidence of plugged, broken or otherwise faulty drip irrigation system emitters or spray irrigation sprinklers on this site? Also, describe actions taken to correct (and date completed):
	7. In the last year, has the plumbing configuration changed from what has been approved? If yes, describe the modifications and note if they were reviewed by the City of Sunnyvale:

SITE SUPERVISOR OF RECORD (PRINT)*

DATE OF INSPECTION*

MAILING ADDRESS*

CITY*

STATE*

ZIP*

OFFICE PHONE

EXTENSION

CELL PHONE

FAX

EMAIL*

Report Certification Statement:

By signing and submitting this Self-Monitoring Report, I certify that the information in this report is correct and true to the best of my knowledge.

SIGNATURE*

(Once signed, you will no longer be able to edit this report)