

RECYCLED WATER FILL STATION USE PERMIT

Sunnyvale Recycled Water Program

(For City use) Permit Number: _____	Effective Date of Permit: _____
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CUSTOMER INFORMATION

Name of Company: _____ Contact Name: _____
 Contact Title: _____ Billing Address: _____
 City/ZIP: _____ Office Phone: _____
 Cell or Other Phone: _____ Email: _____

Fill out the **Driver Name** and **License Number** before submitting this form. Attach a copy of a current driver's license for each person listed. Allow 7 to 10-business days to process the application. Drivers listed will complete **Driver Signature** in person after the on-site training. All new drivers must be trained and added to the permit. By signing, drivers certify that they have received training and agree to abide by the Truck Program Guidelines provided. *Use Attachment for Additional Drivers if necessary.*

Driver Name	CA Driver License #	Driver Signature (Leave blank until training)	(For City use)	
			Trainer Initials	Date

TRUCK INFORMATION

Provide the following information for the truck(s) for which a permit is requested. Attach a copy of a current vehicle registration for each vehicle and proof of insurance. A City inspector must inspect each truck to determine that it is equipped with the necessary backflow prevention. *Use Attachment for Additional Trucks if necessary.*

Truck Trailer # (if applicable)	License Plate Number	Capacity of Tank or Storage Containers	(For City use)
			Vehicle Inspector Initials

RECYCLED WATER USE INFORMATION *(Check all that apply)*

Use of Recycled Water:
 ☐ Soil Compaction
 ☐ Dust Control
 ☐ Irrigation

 ☐ Sewer Flushing
 ☐ Street Cleaning
 ☐ Other: _____
Application Method:
 ☐ Tank Truck
 ☐ Spray
 ☐ Wash Water
 ☐ Other: _____

List the location(s) where you expect to apply recycled water within Sunnyvale's service area:

Address: _____

Address: _____

Address: _____

(Attach separate sheet if necessary)

RECYCLED WATER ACKNOWLEDGEMENTS

Customer agrees to follow all handling and use requirements for recycled water contained in the Sunnyvale Recycled Water Truck Program Guidelines in a manner consistent with State requirements. Customer agrees to install, maintain, and keep in place signs identifying that recycled water is in use. Sunnyvale provides the first set of signs at no charge; replacement signs to be paid for at cost by customer. ***Customer must initial here to acknowledge these requirements:*** _____ (initials)

Customer must identify the person responsible for implementing worker/public protection at each site (i.e., that humans are not to drink recycled water or use it for preparing food).

Name of Responsible Person: _____

CERTIFICATION & INDEMNIFICATION

I certify that I am an authorized agent for the company cited in this application and that I have authority to bind the company to the requirements of this permit and program. I hereby certify under penalty of perjury that the information provided in this permit application and in any attachment is true and accurate to the best of my knowledge. I also certify that I have read the applicable rules and regulations of the Regional Water Quality Control Board Order 94-069 and the Sunnyvale Recycled Water Truck Program Guidelines and agree to abide by them.

My company agrees to defend, indemnify, and hold harmless Sunnyvale and its Directors, officers, agents and employees from and against any and all loss, liability, expense, claims, suits, and damages, including attorneys' fees, arising out of or resulting from Permit Holder's, its associates', employees', subconsultants', or other agents' negligent acts, errors or omissions, or willful misconduct, in the operation and/or performance under this Recycled Water Use Permit.

Signature of Customer: _____ Title: _____

Print Name: _____ Date: _____

Company: _____

AUTHORIZATION

Customer is authorized to use recycled water from Sunnyvale's Recycled Water Fill Station in accordance with the Recycled Water Fill Station Program Guidelines and RWQCB Order 94-069.

Authorized Signature: _____

Filling Station Representative Signature: _____ Date: _____