STATE OF COLORADO

Dept of Public Health and Environment
Water Quality Control Division

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 Section 84.6(A)(6) and Section 84.9

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. If more space is required to answer any question, please attach additional sheets to the application form. The User Plan to Comply must be submitted by mail or hand delivered to:

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

A. CONTACT INFORMATION

1. User Information

User Organization Formal Name: _____

User is: ☐ Property Owner ☐ Contractor/Operator

Legal Responsible Person*: the legal representative for the user organization that is **authorized to sign and certify** the User Plan to Comply application. 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 _____

C. 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. **Treater Requirements and Review**

□ **YES:** The User has met with the Treater (reuse water provider) 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. The Treater has reviewed this User Plan to Comply and has verified conformance with the Reuse System Management Plan on _____(date).

2. **Authorized Areas**

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

Describe how this will be achieved:

3. 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:

4. **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:

5. **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:

6. **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:** An approved backflow prevention device or cross-connection control method shall be provided at all potable water service connections to 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:

7. **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 personnel authorized by the user and trained workers that have been informed of the potential health hazards involved with contact or ingestion of reclaimed water and educated regarding proper hygienic procedures to protect themselves.

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. Include how workers will be informed of the required information:

8. **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:

9. **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:** All impoundments of reclaimed water within 100 feet of any well used for domestic supply are lined with a synthetic material with a permeability of 10-6 cm/sec or less.

Describe all impoundments of reclaimed water associated with the reclaimed water use facility, if those impoundments are lined, the material used to line the impoundment, and the permeability. Note that if a discharge occurs to the ground or to a surface water/ conveyance, a separate CDPS discharge permit may be required.

D. SPECIFIC CONDITIONS FOR INTENDED USE

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

□ Category 2 □ 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. Include all fire hydrant, sprinkler systems, and standpipe systems.

2. Indentify the ultimate fate of reclaimed water used in the process. Specifically address how water during draining, maintenance, and testing of the system will be disposed of, as applicable. Check the box next to the each of the following that apply, and provide the additional information below:
   a. Discharged to the sanitary sewer system: provide the name of the entity that operates the collection system and/or ultimate treatment works.
   b. Discharged in accordance with a CDPS permit: provide the CDPS permit number
   c. Held in a lined evaporation/recovery pond: provide a description of the pond lining, including the type of line and hydraulic conductivity if know.
   d. Hauled to a different location for disposal: identify where and how the disposal will occur
   e. Other: describe the disposal practice that prevents a discharge to the waters of the state.

3. Describe the implementation of a program to educate the public and firefighters that reclaimed water is used for fire protection.

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.

E. REQUIRED CERTIFICATION SIGNATURE (Reg 61.4(1)(h))

"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 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."

"By signing this certification, I acknowledge that I have legal authority to certify on behalf of the User, and to bind the User to the Terms and Conditions of any Notice of Authorization issued pursuant to this User Plan to Comply."

Signature (Legally Responsible Person) _____Date _____

Name (printed) _____Title_____