

COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY
REUSE SITE INSPECTION REPORT
Sanitation District No.s 14 and 20

Recycled Water User/Site Name:
Location of Site:
Purveyor (If Known):
Type of Use: Irrigation other: _____
Date & Time of Inspection:
Site Supervisor:
Site Supervisor Contact Info:
Name of User Representative/Title:
Name of Inspector: Gary Salva
GPS Coordinates:

Verification of Compliance Inspection and Enforcement Program

No.	Factor	Com ment	Yes	No
1	Is recycled water used for any purposes not listed in the Regional Water Quality Control Board permit(s)? If yes, please provide an explanation in the space below.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Have there been any changes or modifications to the recycled water system? If yes, please provide an explanation in the space below.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Has there been a change in the Site Supervisor? If yes, please provide updated information in the space below.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Has on-site staff received appropriate training? If no, please explain in the space below when training will be provided.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Are copies of the site operation manual, Emergency Cross-Connection Response Plan, and Districts' <i>Requirements for Recycled Water Users</i> available to employees at all times? If no, please explain in the space below how and when this will be corrected.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Are there complete and up-to-date O&M records for the recycled water system? If no, please explain in the space below how and when this will be corrected.		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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7	Is irrigation limited to the authorized use areas? If no, please explain in the space below how and when this will be corrected.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	Is recycled water running off from the authorized use area through surface runoff or windblown spray? If yes, please explain in the space below how and when this will be corrected, and make note of the source, volume, and destination of the runoff.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	Are any unusual odors associated with the recycled water use, supply, or storage? If yes, please explain in the space below how and when this will be corrected.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Is there any evidence of ponding of recycled water? If yes, please explain in the space below how and when this will be corrected.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	Is there any evidence of mosquito breeding? If yes, please explain in the space below how and when this will be corrected.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Are signs properly placed and legible with regard to not drinking recycled water? If no, please explain in the space below how and when this will be corrected.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Are tags visible and legible? If no, please explain in the space below how and when this will be corrected.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14	Is there any evidence of overflows, erosion, or improper management of impoundments? If yes, please explain in the space below how and when this will be corrected	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15	Are there any leaks or breaks in the irrigation system piping or evidence of plugged, broken, or otherwise faulty irrigation components? If yes, please explain in the space below how and when this will be corrected.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16	Is recycled water being sprayed directly on people, dwellings, food-handling facilities, or drinking fountains? If yes, please explain in the space below how and when this will be corrected.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17	Is irrigation system being operated during periods of minimal human use with adequate time to dry-out before public use? If no, please explain in the space below how and when this will be corrected.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18	Does irrigation take place within 50 feet of any domestic water supply well? If yes, please explain in the space below how and when this will be corrected.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

INSPECTION OF USER OPERATIONS

19	Does impoundment of disinfected tertiary recycled water occur within 100 feet of any domestic water supply well? If yes, please explain in the space below how and when this will be corrected.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
20	Does irrigation take place within 50 feet of any uncovered reservoir or stream currently used as a source of domestic water? If yes, please explain in the space below how and when this will be corrected.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
21	Are all impoundments adequately protected from erosion, washout, and flooding from a 24-hour rainfall event having a predicted frequency of once in 100 years? If no, please explain in the space below how and when this will be corrected.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
22	Are there any hose bibs in the recycled water system? If yes, please explain in the space below how and when this will be corrected.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
23	Are pipes properly marked? If no, please explain in the space below how and when this will be corrected.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
24	Are valves and controllers properly marked? If no, please explain in the space below how and when this will be corrected.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
25	Are points of connection properly marked? If no, please explain in the space below how and when this will be corrected.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
26	Is backflow prevention in place? If no, please explain in the space below how and when this will be corrected.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
27	Is there a schedule for testing backflow prevention and is testing up to date? If no, please explain in the space below how and when this will be corrected. Date of Last Test: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
28	Is there a need for cross-connection testing due to major modifications to the system? If yes, in the space below explain when the testing will be conducted.		<input type="checkbox"/> Yes	<input type="checkbox"/> No

REQUIRED ACTION/FOLLOW-UP ACTION

<input type="checkbox"/> None		
<input type="checkbox"/> Yes by District – List	Compliance Date	Date Achieved
<input type="checkbox"/> Yes by User – List	Compliance Date	Date Achieved

COMMENTS

No. __

SIGNATURES

Inspector's signature:	Date:
Site Supervisor's signature:	Date: