



COVERAGE TEST FORM

Site Name: _____

Service Address: _____

Recycled Water Account No.(s): _____

Inspected by: _____

Date Test Conducted: _____

Excavation Permit No.: _____ **Building Permit No.:** _____

Please check for the following items during the coverage test:

- No evidence of recycled water overspray outside of the approved use area.
- No evidence of recycled water runoff from the site.
- No odor of wastewater origin at the irrigation site.
- No evidence of ponding of recycled water.
- No evidence of leaks or breaks in the irrigation system pipelines or tubing.
- No evidence of broken or faulty drip irrigation system emitters or spray irrigation sprinklers.
- Warning signs, tags, stickers, and above ground pipe markings are posted to inform the public that the irrigation water is recycled and is not suitable for drinking.

If any of the above conditions have not been satisfied, please repair the recycled water irrigation system in a timely matter before submitting this form to the Building Division.

Signature _____

Site Supervisor

Date _____